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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1265 UNION AVENUE

City or town, state or province, country, and ZIP or foreign postal code

MEMPHIS, TN 38104

F Name and address of principal officer

GARY SHORB

1265 UNION AVENUE

MEMPHIS, TN 38104

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.METHODISTHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1935

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

METHODIST HEALTHCARE-MEMPHIS HOSPITALS, IN PARTNERSHIP WITH ITS MEDICAL STAFF, IS THE PREMIER, COMPREHENSIVE HEALTHCARE PROVIDER SERVING PATIENTS AND FAMILIES IN ITS SURROUNDING COMMUNITIES. HIGH QUALITY, PATIENT AND FAMILY-CENTERED CARE IS PROVIDED IN A PERSONALIZED ENVIRONMENT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Prior Year

Current Year

6,892,678

5,914,911

1,868,391,745

1,935,752,504

23,083,034

25,655,653

15,201,005

14,690,849

1,913,568,462

1,982,013,917

5,105,663

5,172,491

0

0

681,650,673

731,987,542

0

0

1,065,961,813

1,154,533,993

1,752,718,149

1,891,694,026

160,850,313

90,319,891

Beginning of Current Year

End of Year

1,002,906,833

1,075,214,972

133,968,266

159,239,173

868,938,567

915,975,799

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

2017-11-13

Date

CHRISTOPHER MCLEAN CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Amy Bibby

Preparer's signature

Amy Bibby

Date

2017-11-06

Check ☐ if self-employed

PTIN

P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT

Phone no. (828) 254-2254

ASHEVILLE, NC 28806

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

METHODIST LE BONHEUR HEALTHCARE, IN PARTNERSHIP WITH ITS MEDICAL STAFFS, WILL COLLABORATE WITH PATIENTS AND THEIR FAMILIES TO BE THE LEADER IN PROVIDING HIGH QUALITY, COST-EFFECTIVE PATIENT-AND FAMILY-CENTERED CARE SERVICES WILL BE PROVIDED IN A MANNER WHICH SUPPORTS THE HEALTH MINISTRIES AND SOCIAL PRINCIPLES OF THE UNITED METHODIST CHURCH TO BENEFIT THE COMMUNITIES WE SERVE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

|                     |         |                            |                                    |                             |
|---------------------|---------|----------------------------|------------------------------------|-----------------------------|
| <b>4a</b>           | (Code ) | (Expenses \$ 1,588,489,819 | including grants of \$ 5,172,491 ) | (Revenue \$ 1,934,561,684 ) |
| See Additional Data |         |                            |                                    |                             |

|                     |         |              |                        |               |
|---------------------|---------|--------------|------------------------|---------------|
| <b>4b</b>           | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
| See Additional Data |         |              |                        |               |

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4c</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |  |              |                        |               |
|-----------|--|--------------|------------------------|---------------|
| <b>4d</b> | Other program services (Describe in Schedule O ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|--|--------------|------------------------|---------------|

|           |   |               |
|-----------|---|---------------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ | 1,588,489,819 |
|-----------|---|---------------|

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <b>4</b>       | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | <b>10</b>      | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | <b>19</b>      | No |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   | Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | Yes |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .   | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .  |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | Yes |    |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .   |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .   | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | No |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|            |  | Yes    | No |
|------------|--|--------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 808    |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 0      |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes    |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.   | 12,539 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes    |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | Yes    |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   | Yes    |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |        | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |        |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |        | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |        | No |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |        |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |        | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |        |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |        |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |        | No |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |        |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |        | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.   | 7d     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |        | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |        | No |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |        |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |        |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |        |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |        |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |        |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |        |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.  | 10a    |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   | 10b    |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |        |    |
| <b>a</b>   | Gross income from members or shareholders.   | 11a    |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   | 11b    |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |        |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | 12b    |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |        |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |        |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   | 13b    |    |
| <b>c</b>   | Enter the amount of reserves on hand.  | 13c    |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |        | No |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b    |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13.   | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official.  | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization.   | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | Yes |    |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

► SUE WAUGH 1211 UNION AVENUE MEMPHIS, TN 38104 (901) 516-0656

Check if Schedule O contains a response or note to any line in this Part VII ☒

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 734

Section B. Independent Contractors

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| The West Clinic<br>100 N Humphreys blvd<br>Memphis, TN 38120                  | Physician Services             | 68,010,332          |
| The University of Tennessee<br>910 Madison Ave<br>Memphis, TN 38163           | Physician Services             | 30,150,872          |
| Johnson Controls INC<br>PO BOX 905240<br>Charlotte, NC 28290                  | Maintenance Services           | 6,350,017           |
| MORRISON MANAGEMENT SPECIALISTS INC<br>PO BOX 102289<br>ATLANTA, GA 303682289 | DIETARY SERVICES               | 3,990,632           |
| pediatric anesthesiologists pa<br>50 n dunlap street<br>Memphis, TN 38103     | Physician Services             | 3,905,596           |

|  |  |
|--|--|
| <p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 118</p> |  |
|--|--|



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |  |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|--|---------------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts                 | <b>1a</b> Federated campaigns . . .  | <b>1a</b>                 | 92,002               |  |   |  |
|   | <b>b</b> Membership dues . . .   | <b>1b</b>                 |                      |  |   |  |
|   | <b>c</b> Fundraising events . . .  | <b>1c</b>                 |                      |  |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>                 | 4,568,497            |  |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>                 | 1,254,412            |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above  | <b>1f</b>                 |                      |  |   |  |
|   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____   |                           |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |                           |                      | 5,914,911  |   |  |
| Program Service Revenue   |  | Business Code             |                      |  |   |  |
|   | <b>2a</b> NET PATIENT SERVICE  | 623000                    | 1,665,589,828        | 1,665,589,828                                      |   |  |
|   | <b>b</b> OUTPATIENT LABS   | 900099                    | 157,146,518          | 157,019,890  | 126,628                                 |  |
|   | <b>c</b> DRUG SALES  | 446110                    | 57,705,926           | 57,705,926   |   |  |
|   | <b>d</b> 340B DRUG PROGRAM REVENUE   | 900099                    | 51,058,016           | 51,058,016   |   |  |
|   | <b>e</b> PATHOLOGY SERVICES  | 900099                    | 9,200,000            | 9,200,000  |   |  |
|   | <b>f</b> All other program service revenue   |                           | -4,947,784           | -6,011,976   | 1,064,192                               |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |                           |                      | 1,935,752,504                                      |   |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .   |                           | 25,056,083           |  |   | 25,056,083   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |                           |                      |  |   |  |
|   | <b>5</b> Royalties . . . . .   |                           |                      |  |   |  |
|   | <b>6a</b> Gross rents  | (i) Real (ii) Personal    |                      |  |   |  |
|   |  | 5,219,601 87,885          |                      |  |   |  |
|   | <b>b</b> Less rental expenses  | 0 0                       |                      |  |   |  |
|   | <b>c</b> Rental income or<br>(loss)  | 5,219,601 87,885          |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |                           | 5,307,486            |  |   | 5,307,486  |
|   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities (ii) Other |                      |  |   |  |
|   |  | 599,570                   |                      |  |   |  |
|   | <b>b</b> Less cost or<br>other basis and<br>sales expenses   | 0                         |                      |  |   |  |
|   | <b>c</b> Gain or (loss)  | 599,570                   |                      |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |                           | 599,570              |  |   | 599,570  |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>                  |                      |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>                  |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                           |                      |  |   |  |
|   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | <b>a</b>                  |                      |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>                  |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .            |  |                           |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . | <b>a</b>   |                           |                      |  |   |  |
|   | 339,004  |                           |                      |  |   |  |
| <b>b</b> Less cost of goods sold . . .                                    | <b>b</b>   | 49,290                    |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .           |  | 289,714                   |                      |  | 289,714                                 |  |
| Miscellaneous Revenue   | Business Code  |                           |                      |  |   |  |
| <b>11a</b> MISCELLANEOUS REVENUE  | 900099   | 8,562,740                 |                      |  | 8,562,740                               |  |
| <b>b</b> CAFETERIA & VENDING  | 722210   | 315,182                   |                      |  | 315,182                                 |  |
| <b>c</b> EDUCATION & DAYCARE  | 900099   | 215,727                   |                      |  | 215,727                                 |  |
| <b>d</b> All other revenue . . . . .                                      |  |                           |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                               |  | 9,093,649                 |                      |  |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                       |  | 1,982,013,917             | 1,934,561,684        | 1,190,820  | 40,346,502                              |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 5,172,491             | 5,172,491                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 5,863,388             | 4,453,845                       | 1,409,543                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 51,418                | 51,418                          |  |                             |
| <b>7</b> Other salaries and wages.  | 590,624,798           | 565,309,195                     | 25,315,603                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 34,363,766            | 34,065,456                      | 298,310                                |                             |
| <b>9</b> Other employee benefits.   | 60,119,027            | 52,727,206                      | 7,391,821                              |                             |
| <b>10</b> Payroll taxes.  | 40,965,145            | 40,528,598                      | 436,547                                |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 7,940,927             | 3,670,710                       | 4,270,217                              |                             |
| <b>b</b> Legal.   | 374,563               | 222,245                         | 152,318                                |                             |
| <b>c</b> Accounting.  | 1,484,849             | 53,161                          | 1,431,688                              |                             |
| <b>d</b> Lobbying.  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 205,959,395           | 146,891,469                     | 59,067,926                             |                             |
| <b>12</b> Advertising and promotion.  | 262,829               | 21,904                          | 240,925                                |                             |
| <b>13</b> Office expenses.  | 71,842,416            | 32,185,936                      | 39,656,480                             |                             |
| <b>14</b> Information technology.   | 3,929,773             | 2,657,811                       | 1,271,962                              |                             |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 26,005,020            | 25,016,373                      | 988,647                                |                             |
| <b>17</b> Travel.   | 1,349,274             | 1,110,321                       | 238,953                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 2,002,274             | 1,387,620                       | 614,654                                |                             |
| <b>20</b> Interest.   | 24,907,016            | 24,907,016                      |  |                             |
| <b>21</b> Payments to affiliates.   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 88,931,725            | 88,925,707                      | 6,018                                  |                             |
| <b>23</b> Insurance.  | 17,645,216            | 2,026,980                       | 15,618,236                             |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |  |                             |
| <b>a</b> MEDICAL SUPPLIES   | 394,921,742           | 394,921,742                     |  |                             |
| <b>b</b> BAD DEBT EXPENSE   | 160,318,674           | 160,318,674                     |  |                             |
| <b>c</b> overhead & administrati  | 144,309,900           | 0                               | 144,309,900                            |                             |
| <b>d</b> RECRUITMENT  | 2,107,255             | 1,622,796                       | 484,459                                |                             |
| <b>e</b> All other expenses   | 241,145               | 241,145                         |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 1,891,694,026         | 1,588,489,819                   | 303,204,207                            | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |  |   |               | (A)<br>Beginning of year |               | (B)<br>End of year |
|------------------------------------|--|---|---------------|--------------------------|---------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .   |               | -10,252,893              | <b>1</b>      | -10,551,624        |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .  |               |                          | <b>2</b>      |                    |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .  |               |                          | <b>3</b>      |                    |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .  |               | 188,969,334              | <b>4</b>      | 209,999,899        |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |               |                          | <b>5</b>      |                    |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |               |                          | <b>6</b>      |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .   |               | 114,560                  | <b>7</b>      |                    |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .   |               | 25,645,042               | <b>8</b>      | 26,695,608         |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .   |               | 4,399,243                | <b>9</b>      | 6,348,717          |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>    | 1,785,654,267            |               |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation  | <b>10b</b>    | 972,352,289              |               |                    |
|                                    |  |   |               | 775,373,638              | <b>10c</b>    | 813,301,978        |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .  |               |                          | <b>11</b>     |                    |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .  |               |                          | <b>12</b>     |                    |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .   |               | 11,812,869               | <b>13</b>     | 22,676,735         |
|                                    | <b>14</b>  | Intangible assets . . . . .   |               | 167,208                  | <b>14</b>     | 92,068             |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |   | 6,677,832     | <b>15</b>                | 6,651,591     |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |   | 1,002,906,833 | <b>16</b>                | 1,075,214,972 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .   |               | 108,469,876              | <b>17</b>     | 134,144,277        |
|                                    | <b>18</b>  | Grants payable . . . . .  |               |                          | <b>18</b>     |                    |
|                                    | <b>19</b>  | Deferred revenue . . . . .  |               |                          | <b>19</b>     |                    |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .   |               |                          | <b>20</b>     |                    |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D   |               |                          | <b>21</b>     |                    |
|                                    | <b>22</b>  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |               |                          | <b>22</b>     |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .  |               | 1,260,846                | <b>23</b>     | 1,113,258          |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .  |               |                          | <b>24</b>     |                    |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |               | 24,237,544               | <b>25</b>     | 23,981,638         |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |               | 133,968,266              | <b>26</b>     | 159,239,173        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |               |                          |               |                    |
|                                    | <b>27</b>  | Unrestricted net assets   |               | 868,938,567              | <b>27</b>     | 915,975,799        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .   |               |                          | <b>28</b>     |                    |
|                                    | <b>29</b>  | Permanently restricted net assets   |               |                          | <b>29</b>     |                    |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |               |                          |               |                    |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .  |               |                          | <b>30</b>     |                    |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |               |                          | <b>31</b>     |                    |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds  |               |                          | <b>32</b>     |                    |
|                                    | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .  |               | 868,938,567              | <b>33</b>     | 915,975,799        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |   | 1,002,906,833 | <b>34</b>                | 1,075,214,972 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |   |           |               |
|-----------|---|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,982,013,917 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,891,694,026 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 90,319,891    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 868,938,567   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 7,705,188     |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |               |
| <b>7</b>  | Investment expenses   | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -50,987,847   |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 915,975,799   |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | Yes |    |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | Yes |    |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 62-0479367  
**Name:** METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990 (2016)

**Form 990, Part III, Line 4a:**

METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS A 501(C)(3) NON-PROFIT ORGANIZATION CONSISTING OF FIVE HOSPITALS WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM BASED IN MEMPHIS, TENNESSEE THE FIRST METHODIST HOSPITAL IN THE SYSTEM WAS FOUNDED IN 1918 BY THE UNITED METHODIST CHURCH TO HELP MEET THE GROWING NEEDS FOR QUALITY HEALTHCARE IN THE MID-SOUTH AFFILIATED WITH THE MEMPHIS, MISSISSIPPI AND ARKANSAS CONFERENCES OF THE UNITED METHODIST CHURCH, METHODIST HEALTHCARE - MEMPHIS HOSPITALS COMBINE A DEDICATION TO THE ART OF HEALING WITH A CHRIST-CENTERED COMMITMENT TO MINISTER TO THE WHOLE PERSON

**Form 990, Part III, Line 4b:**

PLEASE SEE OUR EXTENDED DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS IN SCHEDULE O IN ADDITION, PLEASE VISIT OUR WEBSITE FOR A POSTING OF THE MOST CURRENT COMMUNITY BENEFIT REPORT AT [www.methodisthealth.org/articles/community-involvement](http://www.methodisthealth.org/articles/community-involvement)

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| <b>Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b> |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|
| (C)  | (D) | (E) | (F) | (G) | (H) | (I) |
|  |     |     |     |     |     |     |

| (A)<br>Compensated Employees, and Independent Contractors |  | (B)   |  |                       |         |              |                              | (C)    |  |   |  |  |  | (D) |  | (E) |  | (F) |  |
|---|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|--|-----|--|-----|--|-----|--|
| Name and Title  |  | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |  |  |     |  |     |  |     |  |
|   |  |   | Individual trustee or director   | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |  |  |  |     |  |     |  |     |  |
| ALAN GRAF JR<br>.....                                     |  | 0 00  | X  |                       | X       |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD CHAIRMAN  |  | 9 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| MARK MEDFORD<br>.....                                     |  | 0 00  | X  |                       | X       |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD VICE CHAIRMAN                                       |  | 9 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| DAVID BECKLEY<br>.....                                    |  | 0 00  | X  |                       | X       |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD SECRETARY   |  | 4 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| LARRY BRYAN<br>.....                                      |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 2 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| HARRY GOLDSMITH<br>.....                                  |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 3 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| CAROLYN HARDY<br>.....                                    |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 4 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| LISA KLESGES<br>.....                                     |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER (THRU JUNE)                                  |  | 4 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| JACKSON MOORE<br>.....                                    |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 7 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| BILLY ORGEL<br>.....                                      |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 5 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |
| DENISE WOOD<br>.....                                      |  | 0 00  | X  |                       |         |              |                              |        | 0  | 0   | 0  |  |  |     |  |     |  |     |  |
| BOARD MEMBER  |  | 5 00  |  |                       |         |              |                              |        |  |   |  |  |  |     |  |     |  |     |  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Luke Yancy<br>.....<br>BOARD MEMBER (THRU JUNE)   | 0 00<br>.....<br>3 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GEORGE CATES<br>.....<br>BOARD MEMBER   | 0 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID LEGGET MD<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>2 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOLLIS HALFORD MD<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>6 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BISHOP BILL MCALILLY<br>.....<br>BOARD MEMBER   | 0 00<br>.....<br>3 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BISHOP GARY MUELLER<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>3 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVE SCHWAB MD<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>4 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID STERN MD<br>.....<br>BOARD MEMBER   | 0 00<br>.....<br>4 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HEATHER SWANSON MD<br>.....<br>BOARD MEMBER   | 32 00<br>.....<br>8 00   | X   |                       |         |              |                              |        | 302,175   | 0  | 26,804  |
| BISHOP JAMES E SWANSON SR<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>3 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| CARTER TOWNE MD<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>4 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SYED ZAIDI MD<br>.....<br>BOARD MEMBER  | 0 00<br>.....<br>2 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HAROLD FORD JR<br>.....<br>BOARD MEMBER (BEGAN JUNE)  | 0 00<br>.....<br>2 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHNNY MOORE<br>.....<br>BOARD MEMBER (BEGAN JUNE)  | 0 00<br>.....<br>2 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID RUDD<br>.....<br>BOARD MEMBER (BEGAN JUNE)  | 0 00<br>.....<br>2 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GARY SHORB<br>.....<br>CEO  | 2 00<br>.....<br>48 00   | X   |                       | X       |              |                              |        | 0   | 1,915,680  | 156,695   |
| MICHAEL UGWUEKE<br>.....<br>COO   | 2 00<br>.....<br>48 00   |   |                       | X       |              |                              |        | 0   | 1,032,254  | 202,098   |
| DONNA ABNEY<br>.....<br>EXECUTIVE VICE PRESIDENT  | 2 00<br>.....<br>48 00   |   |                       | X       |              |                              |        | 0   | 603,100  | 62,369  |
| CHRIS MCLEAN<br>.....<br>CFO/TREASURER  | 2 00<br>.....<br>48 00   |   |                       | X       |              |                              |        | 0   | 947,055  | 194,618   |
| DAVID BAYTOS<br>.....<br>SVP - MS   | 10 00<br>.....<br>40 00  |   |                       | X       |              |                              |        | 0   | 626,493  | 83,354  |



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MERI ARMOUR<br>.....<br>SVP - CEO LE BONHEUR HOSPITAL | 46 00<br>.....<br>4 00   |   |                       | X       |              |                              |        | 881,242   | 0  | 52,429  |
| JEFF LIEBMAN<br>.....<br>SVP - CEO OF UNIVERSITY      | 48 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 642,916   | 0  | 46,833  |
| WILLIAM KENLEY<br>.....<br>SVP - CEO OF GERMANTOWN    | 48 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 605,626   | 0  | 132,644   |
| JAMES ROBINSON III<br>.....<br>SVP - CEO OF SOUTH     | 48 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 347,450   | 0  | 79,932  |
| GYASI CHISLEY<br>.....<br>SVP - CEO OF NORTH          | 48 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 298,883   | 0  | 77,702  |
| ROBIN WOMEODU<br>.....<br>CMO - UNIVERSITY            | 50 00<br>.....   |   |                       | X       |              |                              |        | 358,417   | 0  | 63,110  |
| WILLIAM MAY<br>.....<br>CMO - LE BONHEUR HOSPITAL     | 50 00<br>.....   |   |                       | X       |              |                              |        | 396,334   | 0  | 21,433  |
| PAUL DOUTHITT<br>.....<br>CMO OF GERMANTOWN           | 50 00<br>.....   |   |                       | X       |              |                              |        | 415,608   | 0  | 39,223  |
| KAREN HOPPER<br>.....<br>CMO OF NORTH                 | 50 00<br>.....   |   |                       | X       |              |                              |        | 350,934   | 0  | 65,608  |
| CORBI MILLIGAN<br>.....<br>CMO OF SOUTH               | 50 00<br>.....   |   |                       | X       |              |                              |        | 280,266   | 0  | 27,118  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ANN BROWN<br>.....<br>VP - PRACTICE TRANSFORMATION  | 50 00<br>.....   |   |                       | X       |              |                              |        | 316,145   | 0  | 34,559  |
| SHADWAN ALSAFWAH<br>.....<br>PHYSICIAN  | 40 00<br>.....   |   |                       |         |              | X                            |        | 1,168,616   | 0  | 2,568   |
| JAMES EASON<br>.....<br>PHYSICIAN   | 40 00<br>.....   |   |                       |         |              | X                            |        | 2,085,606   | 0  | 31,299  |
| UZOMA IBEBUOGU<br>.....<br>PHYSICIAN  | 40 00<br>.....   |   |                       |         |              | X                            |        | 1,015,279   | 0  | 26,020  |
| RAMI KHOUZAM<br>.....<br>PHYSICIAN  | 40 00<br>.....   |   |                       |         |              | X                            |        | 1,077,709   | 0  | 26,143  |
| EDMOND OWEN<br>.....<br>PHYSICIAN   | 40 00<br>.....   |   |                       |         |              | X                            |        | 1,143,269   | 0  | 29,685  |

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

METHODIST HEALTHCARE - MEMPHIS HOSPITALS

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
**www.irs.gov/form990.**

OMB No 1545-0047

**2016**

**Open to Public**  
**Inspection**

**Employer identification number**

62-0479367

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

|          | Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|----------|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |         |         |         |         |         |          |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3   |         |         |         |         |         |          |
| <b>5</b> | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |         |         |         |         |         |          |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

|           | Calendar year<br>(or fiscal year beginning in) ►   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
|-----------|--|---------|---------|---------|---------|-----------|----------|
| <b>7</b>  | Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b>  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b>  | Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b> | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |         |         |         |         |           |          |
| <b>11</b> | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b> | Gross receipts from related activities, etc. (see instructions)  |         |         |         |         | <b>12</b> |          |
| <b>13</b> | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

**Section C. Computation of Public Support Percentage**

|            |  |           |  |
|------------|--|-----------|--|
| <b>14</b>  | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> |  |
| <b>15</b>  | Public support percentage for 2015 Schedule A, Part II, line 14  | <b>15</b> |  |
| <b>16a</b> | <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>   |           |  |
| <b>b</b>   | <b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>  |           |  |
| <b>17a</b> | <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>      |           |  |
| <b>b</b>   | <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> |           |  |
| <b>18</b>  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>  |           |  |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b> <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |         |          |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |         |         |         |         |         |          |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes        | No |
|---|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.  | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).   | <b>10b</b> |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>2a</b>   |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>2b</b>   |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>3a</b>   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |
| <b>3b</b>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                                |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)  |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                                |

**Section C - Distributable Amount**

|   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> From 2013. . . . .  |                                     |   |  |
| <b>d</b> From 2014. . . . .  |                                     |   |  |
| <b>e</b> From 2015. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7 \$  |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2016. . . . .   |                                     |   |  |

**Part VI** **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number  
62-0479367

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

11

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2016

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     |                 |               |                   |                     |                    |
| b Contributions                                  |                 |               |                   |                     |                    |
| c Net investment earnings, gains, and losses     |                 |               |                   |                     |                    |
| d Grants or scholarships                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        |                 |               |                   |                     |                    |
| g End of year balance                            |                 |               |                   |                     |                    |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 66,954,164                      |                              | 66,954,164     |
| b Buildings   |                                      | 711,458,772                     | 381,619,144                  | 329,839,628    |
| c Leasehold improvements  |                                      | 87,845,622                      | 59,682,429                   | 28,163,193     |
| d Equipment   |                                      | 858,268,776                     | 531,050,716                  | 327,218,060    |
| e Other   |                                      | 61,126,933                      |                              | 61,126,933     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 813,301,978    |

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives . . . . .                                     |                   |   |
| (2) Closely-held equity interests . . . . .                             |                   |   |
| (3) Other _____   |                   |   |
| (A)   |                   |   |
| (B)   |                   |   |
| (C)   |                   |   |
| (D)   |                   |   |
| (E)   |                   |   |
| (F)   |                   |   |
| (G)   |                   |   |
| (H)   |                   |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                   |   |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |   |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶ |                |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

| 1. (a) Description of liability                                     | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| MINORITY INTEREST IN SUBSIDIARIES                                   | 2,246,899      |
| OTHER LIABILITIES   | 1,951,599      |
| NET DUE TO AFFILIATES   | 19,783,140     |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 23,981,638     |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |               |
|----------|--|-----------|---------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 1,778,461,874 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |               |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 7,705,188     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |               |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |               |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 49,290        |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 7,754,478     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 1,770,707,396 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |               |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |               |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 211,306,521   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 211,306,521   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 1,982,013,917 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |               |
|----------|---|-----------|---------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 1,731,424,642 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25  |           |               |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |               |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |               |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |               |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 49,290        |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 49,290        |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 1,731,375,352 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |               |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |               |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 160,318,674   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 160,318,674   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 1,891,694,026 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 62-0479367  
**Name:** METHODIST HEALTHCARE - MEMPHIS HOSPITALS

**Supplemental Information**

| Return Reference | Explanation  |
|------------------|--|
| Part X, Line 2   | THE ORGANIZATION CONSOLIDATES ITS AUDIT WITH ITS CORPORATE PARENT AND OTHER SUBSIDIARIES OF THE PARENT THE FOLLOWING STATEMENT REFLECTS THE FIN 48 FOOTNOTE OF THE CONSOLIDATED GROUP THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE SYSTEM AND ALL OF THE NONPROFIT AFFILIATES FOR WHICH THE SYSTEM OR ITS BOARD OF DIRECTORS IS CONTROLLING MEMBER ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AS QUALIFIED TAX-EXEMPT ORGANIZATIONS, THE SYSTEM'S NONPROFIT AFFILIATES MUST OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN THEIR TAX-EXEMPT STATUS INCOME TAX FROM THE OPERATIONS OF THE SYSTEM'S WHOLLY OWNED FOR-PROFIT SUBSIDIARY, AMBULATORY OPERATIONS, INC , AND ITS SUBSIDIARIES IS NOT SIGNIFICANT THE SYSTEM APPLIES FASB ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED THERE HAS BEEN NO IMPACT ON THE SYSTEM'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF TOPIC 740 |

| Supplemental Information             |                           |
|--------------------------------------|---------------------------|
| Return Reference                     | Explanation               |
| Part XI, Line 2d - Other Adjustments | COST OF GOODS SOLD 49,290 |

| Supplemental Information             |   |
|--------------------------------------|---|
| Return Reference                     | Explanation   |
| Part XI, Line 4b - Other Adjustments | BAD DEBT EXPENSE 160,318,674 EQUITY TRANSFER TO AFFILIATES 50,987,847 |

| Supplemental Information              |                           |
|---------------------------------------|---------------------------|
| Return Reference                      | Explanation               |
| Part XII, Line 2d - Other Adjustments | COST OF GOODS SOLD 49,290 |

| Supplemental Information              |                              |
|---------------------------------------|------------------------------|
| Return Reference                      | Explanation                  |
| Part XII, Line 4b - Other Adjustments | BAD DEBT EXPENSE 160,318,674 |

SCHEDULE H  
(Form 990)

Department of the  
Treasury

Name of the organization  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Employer identification number  
62-0479367

Part I Financial Assistance and Certain Other Community Benefits at Cost

|   |        |    |
|---|--------|----|
|   | Yes    | No |
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a  | 1a Yes |    |
| b If "Yes," was it a written policy?  | 1b Yes |    |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  |        |    |
| <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities   |        |    |
| <input type="checkbox"/> Generally tailored to individual hospital facilities   |        |    |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year   |        |    |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care   | 3a Yes |    |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 12500 0000000000 %  |        |    |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care  | 3b     | No |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %  |        |    |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care |        |    |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?  | 4 Yes  |    |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | 5a Yes |    |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  | 5b Yes |    |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  | 5c     | No |
| 6a Did the organization prepare a community benefit report during the tax year?   | 6a Yes |    |
| b If "Yes," did the organization make it available to the public?   | 6b Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H  |        |    |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1)   |   |                               | 82,098,346                          | 88,966                        | 82,009,380                        | 4 740 %                      |
| b Medicaid (from Worksheet 3, column a)   |   |                               | 492,749,652                         | 378,733,792                   | 114,015,860                       | 6 590 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               | 5,884,091                           | 2,912,722                     | 2,971,369                         | 0 170 %                      |
| d Total Financial Assistance and Means-Tested Government Programs                           |   |                               | 580,732,089                         | 381,735,480                   | 198,996,609                       | 11 500 %                     |
| Other Benefits  |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 1,310,869                           | 101,868                       | 1,209,001                         | 0 070 %                      |
| f Health professions education (from Worksheet 5)   |   |                               | 43,094,494                          | 12,137,122                    | 30,957,372                        | 1 790 %                      |
| g Subsidized health services (from Worksheet 6)   |   |                               |                                     |                               |                                   |                              |
| h Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 1,060,805                           |                               | 1,060,805                         | 0 060 %                      |
| j Total. Other Benefits   |   |                               | 45,466,168                          | 12,238,990                    | 33,227,178                        | 1 920 %                      |
| k Total. Add lines 7d and 7j  |   |                               | 626,198,257                         | 393,974,470                   | 232,223,787                       | 13 420 %                     |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support   |   |                               | 1,053,585                            |                               | 1,053,585                          | 0.060 %                      |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |   |                               | 1,977,761                            |                               | 1,977,761                          | 0.110 %                      |
| <b>9</b> Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>  |   |                               | 3,031,346                            |                               | 3,031,346                          | 0.170 %                      |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|  |          | Yes        | No |
|--|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | <b>1</b> |            | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   | <b>2</b> | 32,450,168 |    |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | <b>3</b> | 16,225,084 |    |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |          |            |    |

**Section B. Medicare**

|   |  |                                |
|---|--|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).  | <b>5</b>   | 344,288,692                    |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.   | <b>6</b>   | 343,819,619                    |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).   | <b>7</b>   | 469,073                        |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |  |                                |
| <input type="checkbox"/> Cost accounting system   | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

|   |           |     |    |
|---|-----------|-----|----|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?   | <b>9a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | <b>9b</b> |     | No |

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity                                  | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| <b>1</b> 1 NORTH SURGERY CENTER LP                  | OUTPATIENT SURGERY                            | 56.500 %   |  | 43.500 %                                      |
| <b>2</b> 2 METHODIST SURGERY CENTER - GERMANTOWN LP | OUTPATIENT SURGERY                            | 55.000 %   |  | 45.000 %                                      |
| <b>3</b>  |   |  |  |   |
| <b>4</b>  |   |  |  |   |
| <b>5</b>  |   |  |  |   |
| <b>6</b>  |   |  |  |   |
| <b>7</b>  |   |  |  |   |
| <b>8</b>  |   |  |  |   |
| <b>9</b>  |   |  |  |   |
| <b>10</b>   |   |  |  |   |
| <b>11</b>   |   |  |  |   |
| <b>12</b>   |   |  |  |   |
| <b>13</b>   |   |  |  |   |



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**5**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_

|   | Yes        | No  |
|---|------------|-----|
| <b>Community Health Needs Assessment</b>  |            |     |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | <b>1</b>   | No  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  | <b>2</b>   | No  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>   |            |     |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  | <b>6b</b>  | No  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.METHODISTHEALTH.ORG/ABOUT-US/</u>  |            |     |
| <b>b</b> <input type="checkbox"/> Other website (list url) _____  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>   |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>www.METHODISTHEALTH.ORG/ABOUT-US/</u>   | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed   |            |     |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

|  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|--|---|----|-----|----|--|--|--|--|---------------|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---------------|--|---|---------------|--|---|--|--|---|--|--|---|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| Facility Reporting Group - A   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Name of hospital facility or letter of facility reporting group  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|  | <table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br/>If "Yes," indicate the eligibility criteria explained in the FAP</td><td><b>13</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000<br/>% and FPG family income limit for eligibility for discounted care of %</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td><b>c</b> <input type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td><b>h</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>14</b> Explained the basis for calculating amounts charged to patients?</td><td><b>14</b> Yes</td><td></td></tr><tr><td><b>15</b> Explained the method for applying for financial assistance?<br/>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td><b>15</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>16</b> Was widely publicized within the community served by the hospital facility?<br/>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td><b>16</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br/><a href="http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99">http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99</a></td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br/><a href="http://www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf">www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf</a></td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br/><a href="http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60">http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60</a></td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td><b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td><b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr></table> |    | Yes | No | Did the hospital facility have in place during the tax year a written financial assistance policy that |  |  | <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP | <b>13</b> Yes |  | <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000<br>% and FPG family income limit for eligibility for discounted care of % |  |  | <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) |  |  | <b>c</b> <input type="checkbox"/> Asset level |  |  | <b>d</b> <input checked="" type="checkbox"/> Medical indigency |  |  | <b>e</b> <input type="checkbox"/> Insurance status |  |  | <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount |  |  | <b>g</b> <input checked="" type="checkbox"/> Residency |  |  | <b>h</b> <input type="checkbox"/> Other (describe in Section C) |  |  | <b>14</b> Explained the basis for calculating amounts charged to patients? | <b>14</b> Yes |  | <b>15</b> Explained the method for applying for financial assistance?<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | <b>15</b> Yes |  | <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application |  |  | <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application |  |  | <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process |  |  | <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications |  |  | <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) |  |  | <b>16</b> Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | <b>16</b> Yes |  | <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99">http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99</a> |  |  | <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf">www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf</a> |  |  | <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60">http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60</a> |  |  | <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) |  |  | <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) |  |  | <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) |  |  | <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other 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|  | Yes   | No |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Did the hospital facility have in place during the tax year a written financial assistance policy that   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP   | <b>13</b> Yes   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000<br>% and FPG family income limit for eligibility for discounted care of %  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>c</b> <input type="checkbox"/> Asset level  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>e</b> <input type="checkbox"/> Insurance status   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>g</b> <input checked="" type="checkbox"/> Residency   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>14</b> Explained the basis for calculating amounts charged to patients?   | <b>14</b> Yes   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>15</b> Explained the method for applying for financial assistance?<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)  | <b>15</b> Yes   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>16</b> Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)   | <b>16</b> Yes   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99">http://www.methodisthealth.org/about-us/our-culture/community-impact/irs-99</a>   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf">www.methodisthealth.org/dotAsset/69b2c52b-8d87-4995-a476-c495e4e8ad00.pdf</a>   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><a href="http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60">http://www.methodisthealth.org/dotAsset/e8baf583-9cb6-4f04-8304-3a75575ae60</a>   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |   |    |     |    |  |  |  |  |               |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |               |  |   |               |  |   |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |

**Part V Facility Information** (continued)**Billing and Collections**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .   | <b>17</b> | Yes |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted            |           |     |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .  | <b>19</b> |     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged  |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)  |           |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)   |           |     |    |
| <b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these efforts were made |           |     |    |

**Policy Relating to Emergency Medical Care**

|  |           |     |  |
|--|-----------|-----|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  | <b>21</b> | Yes |  |
| If "No," indicate why  |           |     |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |           |     |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **86**

| Name and address                   | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| <b>1</b> See Additional Data Table |                             |
| <b>2</b>                           |                             |
| <b>3</b>                           |                             |
| <b>4</b>                           |                             |
| <b>5</b>                           |                             |
| <b>6</b>                           |                             |
| <b>7</b>                           |                             |
| <b>8</b>                           |                             |
| <b>9</b>                           |                             |
| <b>10</b>                          |                             |

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Line 3c         | ALL SELF PAY PATIENTS RECEIVE A 70% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE -NO CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED METHODIST HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR PAYMENT DISPOSITIONS |



**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part I, Line 6a         | METHODIST HEALTHCARE-MEMPHIS HOSPITALS' COMMUNITY BENEFIT REPORT IS PREPARED PRIMARILY BY THE COMMUNICATIONS AND MARKETING DEPARTMENT, WITH SUPPORT FROM THE ACCOUNTING AND FINANCE DEPARTMENTS, OF METHODIST LE BONHEUR HEALTHCARE, THE HOME OFFICE/CORPORATE PARENT ENTITY OF THE HOSPITAL THE HOSPITAL'S COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE COMPANY'S WEBSITE AT WWW.METHODISTHEALTH.ORG UNDER THE "ABOUT US" SECTION |

# 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Line 7          | WORKSHEET 2 OF THE 2016 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CALCULATE CHARITY CARE, UNREIMBURSED MEDICAID, AND OTHER MEANS-TESTED PROGRAM SHORTFALLS AT COST |

# 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Ln 7 Col(f)     | THE AMOUNT ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF \$ 160,318,674 THAT HAS BEEN REMOVED FOR PURPOSES OF CALCULATING PERCENT OF TOTAL EXPENSE ON SCHEDULE H, PART I, LINE 7, COLUMN (F) |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 4        | THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBTS, ACCOUNTS RECEIVABLE, OR ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WORKSHEET 2 OF THE 2016 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CONVERT BAD DEBT TO APPROXIMATE COST WHEN A PORTION OF PATIENT CHARGES BECOME PATIENT RESPONSIBILITY, THE AMOUNT IS WRITTEN OFF TO BAD DEBTS AND THEN SENT TO OUR COLLECTION GROUP ANY PAYMENTS RECOUPED BY OUR COLLECTIONS GROUP ARE THEN APPLIED AGAINST THE BAD DEBT EXPENSE IT IS OUR ESTIMATION BASED ON HISTORICAL EXPERIENCE THAT ABOUT 50% OF THE REMAINING PORTION OF BAD DEBTS (AFTER RECOVERIES) COULD BE APPLICABLE TO PATIENTS WHO, ON ADDITIONAL REVIEW AND PROVIDING ALL RELEVANT INFORMATION, WOULD QUALIFY FOR FINANCIAL ASSISTANCE |

# 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 8        | THE ORGANIZATION USED ITS MEDICARE COST REPORT TO COMPUTE AMOUNTS PRESENTED ON LINES 5 AND 6 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part III, Line 9b       | <p>METHODIST LE BONHEUR HEALTHCARE'S COLLECTION PROCESS BEGINS WITH THE ORGANIZATION'S REVENUE CYCLE TEAM MAKING INITIAL COLLECTION EFFORTS TO RECOUP ALL MONIES DUE FROM THE PATIENT'S INSURANCE PROVIDERS WHEN THE AMOUNT IS SOLELY THE PATIENT'S PORTION, THE ACCOUNT IS TRANSFERRED TO ANOTHER TEAM THAT SPECIALIZES IN PATIENT PORTION ACCOUNTS (EARLY-OUT PROGRAM) IT IS THIS PROGRAM THAT INITIALLY DETERMINES IF A PATIENT QUALIFIES FOR CHARITY CARE UNDER THE ORGANIZATION'S POLICY IF QUALIFICATION IS UNCLEAR, THIS PROGRAM ATTENDS TO THE ACCOUNT FOR A PREDETERMINED TIME THROUGH LETTERS AND PHONE CALLS THE DURATION IS DEPENDENT ON VARIOUS SCENARIOS THAT AFFECT ITS LENGTH, SUCH AS PAYMENT ARRANGEMENTS, DISPUTES, ETC AFTER THE EARLY-OUT TIME PERIOD HAS EXPIRED, THE ACCOUNT IS THEN SENT TO OUR COLLECTIONS GROUP AN ACCOUNT PLACED WITH OUR COLLECTION GROUP EXPERIENCES A CONTINUED AND THOROUGH COLLECTION PHASE ONCE ALL COLLECTION EFFORTS HAVE BEEN EXHAUSTED AND IT IS DETERMINED THAT THE REMAINING BALANCE WILL NOT BE COLLECTED, THE ACCOUNT IS REEVALUATED ON THE CRITERIA USED TO DETERMINE FINANCIAL AID ELIGIBILITY</p> |

# 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 2         | <p>Methodist Healthcare formed a multidisciplinary team to conduct the 2016 CHNA. This team used a variety of data to ensure the assessment process was as accurate and comprehensive as possible. This included primary data, like focus groups and informal interviews with community members and key stakeholders, as well as secondary data, such as public health information and our own internal figures. The primary data was assessed for themes, while the secondary data was analyzed to determine how our community compared to peer counties (i.e., similar outcomes in morbidity and mortality, and similar drivers of health, such as social/economic factors, physical environment, health behaviors, and clinical access). Using Healthy People 2020 as a framework, we sought to answer the question: what are the health needs of our community? A health need was identified where these two criteria were met: 1) it was a theme among the primary data, and 2) related secondary data compared unfavorably to other communities. Additional information, like health disparity, severity, and number affected, was also incorporated where available. Additionally, we considered whether our system had the ability to impact the identified need, which further enabled us to prioritize our results. To do this, we took into account many factors, such as whether we already offer services to address the need, our ability to build upon existing initiatives, and any partners with whom collaboration would be possible. Using this methodology meant the prioritized needs have the following characteristics:</p> <ol style="list-style-type: none"> <li>1. It's considered by our community to be a significant health need.</li> <li>2. It's a health need in which, based on a collection of key indicators identified by public health experts, our community compares unfavorably to similar communities as well as national and state benchmarks.</li> <li>3. Health disparities, particularly racial disparities, exist within this health need.</li> <li>4. Compared to other health needs, more people are affected by this health need (e.g., prevalence), and/or they are affected more severely (e.g., mortality).</li> <li>5. MLH has the ability to impact the health need.</li> </ol> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 3         | <p>METHODIST HEALTHCARE - MEMPHIS HOSPITALS UTILIZES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE THE LEVEL OF DISCOUNT UNINSURED PATIENTS MAY RECEIVE THE LEVEL BY WHICH ASSISTANCE IS DETERMINED IS THROUGH THE SCALE SET BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), WHICH INCLUDES FACTORS SUCH AS RESIDENTS PER HOUSEHOLD AND INCOME</p> <p>MHMH COMMUNICATES AND PROVIDES ASSISTANCE CONCERNING ELIGIBILITY FOR FINANCIAL ASSISTANCE IN SEVERAL WAYS CHARITY CARE POLICIES ARE POSTED AND UPDATED AS PART OF THE ORGANIZATION'S SYSTEM POLICIES AND ARE AVAILABLE TO ALL STAFF THROUGH THE COMPANY INTRANET CONNECTIONS IN ADDITION, PATIENT-FRIENDLY SUMMARIES OF THESE POLICIES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT ALL PUBLIC AREAS OF THE FACILITY AT THE TIME OF PATIENT REGISTRATION, MHMH PROVIDES FINANCIAL COUNSELING BASED ON THE AVAILABLE INSURANCE AND "ABILITY TO PAY" INFORMATION PROVIDED MHMH ALSO SUPPLIES CHARITY CARE APPLICATIONS AND OFFERS ASSISTANCE IN THE COMPLETION OF FORMS IN ALL INSTANCES WHERE THE "FINANCIAL PICTURE AS PRESENTED TO US" APPEARS TO WARRANT THAT SERVICE FINALLY, THE HOSPITAL DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENTAL BENEFITS, SUCH AS MEDICAID OR OTHER STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, AS APPLICABLE LANGUAGE BARRIERS ARE TAKEN INTO ACCOUNT WITH ALL PATIENT COMMUNICATION ALL STAFF WITH PATIENT CONTACT, INCLUDING ADMISSION AND BILLING CLERKS, NURSES AND THE MEDICAL STAFF, SOCIAL WORKERS, CHAPLAINS, AND PATIENT ADVOCATES, ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY AND ASSIST PATIENTS WHEN NECESSARY</p> |



**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 4         | <p>Methodist Healthcare Memphis Hospitals was founded by the Memphis, Arkansas, and Mississippi conferences of The United Methodist Church to serve a population of about 1.25 million people. We serve a broad cross section of our community, reaching many disadvantaged areas. Patients from around the country and all over the world find their way to us for care, but for the purposes of the Community Health Needs Assessment (CHNA), we identified Shelby County, Tennessee and DeSoto County, Mississippi as our primary service area. These two counties make up more than 75 percent of inpatient discharges across our system and is a representative sample of our patient population. The service area is comprised of forty-eight percent males and twenty-one percent females of child-bearing age, forty-eight percent African Americans, forty-two percent Whites, six percent Hispanics, and four percent other races/ethnicities. The average household income is \$66,530, and 59.3 percent of the population has at least some college education. MHMH is the largest TennCare/Medicaid provider in the area, with approximately 13,000 inpatients served each year. Le Bonheur Children's Hospital is the only pediatric hospital in the region serving children's primary and tertiary care needs. As an academic medical center, MHMH trains health professionals and furnishes specialized healthcare services not otherwise available in the region. MHMH is the primary practice location for The University of Tennessee School of Medicine. This distinction, along with the accompanying research, benefits the entire metropolitan community.</p> |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 5         | <p>METHODIST LE BONHEUR HEALTHCARE WORKS DILIGENTLY THROUGHOUT OUR LOCAL COMMUNITIES TO INCREASE HEALTH AWARENESS AMONGST THE GENERAL PUBLIC. AS STATED IN OUR ORGANIZATION'S MISSION AND VALUES, IT IS OUR DEDICATION TO COMMUNITY SERVICE THAT DRIVES OUR CALL TO ACTION. OUR GOAL IS TO PROVIDE OUR NEIGHBORS WITH RESOURCES AND EDUCATION NECESSARY TO EFFECTIVELY COMBAT THE RISK FACTORS AND BEHAVIORS THAT POSE A CHALLENGE TO LIFE EXPECTANCY RATES WITHIN OUR REGION. OUR DEDICATION TO GIVING BACK INVOLVES A NUMBER OF MEASUREABLE PROGRAMS AND EVENTS THAT ARE ALL ALIGNED WITH OUR PRIMARY GOAL OF ALLOWING PEOPLE OF THE MID SOUTH TO LIVE THEIR BEST LIVES. OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNESSEE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICE AREA. OUR LOCATIONS ARE PLACED IN ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS, ALLOWING US TO PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY. OTHER ELEMENTS OF OUR COMMITMENT TO GIVING INCLUDE, OUR EDUCATIONAL SEMINARS THAT FOCUS ON TOPICS SUCH AS DIABETES PREVENTION AND MANAGEMENT, STROKE PREVENTION AND CARE, PEDIATRIC ASTHMA TRAINING, FIRST AID/ HANDS ONLY CPR TRAINING, AND MENTAL HEALTH AWARENESS, WHICH ARE OFFERED AT VARIOUS METHODIST HOSPITAL LOCATIONS. IN ADDITION TO THAT, OUR FACILITIES SERVE AS HOST TO A NUMBER OF SUPPORT GROUPS SUCH AS "MOMS", "DYNAMIC DADS", "GRIEF", AND SOCIAL SKILL DEVELOPMENT GROUPS. ALL OF WHICH SHARE A COMMON OBJECTIVE, TO SUPPLY THE PEOPLE OF OUR COMMUNITY WITH THE EMOTIONAL SUPPORT AND RESOURCES NEEDED TO OVERCOME LIFE STRESSORS. HEALTH FAIRS ARE HELD AT EACH OF OUR NORTH, SOUTH, GERMANTOWN, AND OLIVE BRANCH HOSPITALS ON AN ANNUAL BASIS, PROVIDING HEALTH SCREENINGS TO THE PUBLIC AND FOLLOW-UP REFERRALS ARE PROVIDED AS NEEDED. ALL OF THESE SERVICES ARE PROVIDED AT NO COST TO THE COMMUNITY. IN ADDITION TO THAT, WE OUR ORGANIZATION ABSORBS COST ASSOCIATED WITH PROVIDING MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND HOME HEALTH VISITS FOR MANY OF OUR INDIGENT PATIENTS. ALL IN EFFORTS OF ALLOWING THEM TO CONTINUE THEIR RECOVERY PROCESS POST DISCHARGE. OUR FACILITIES ABSORB THE COST OF TRANSPORTATION FOR MANY OF OUR PATIENTS BY CAB, BUS, OR AMBULANCE TO GET HOME AFTER DISCHARGE. MEDICAL EDUCATION AND RESEARCH-METHODIST SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST. THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES. CHURCH HEALTH CENTER AS AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR. FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR. SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. MHM HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. LE BONHEUR COMMUNITY HEALTH &amp; WELL-BEING. LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS. THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION. WHILE THESE PROGRAMS ARE LARGELY FUNDED BY GRANTS, METHODIST GAVE \$1,060,805 IN SUPPORT IN 2016 FOR INKIND DONATIONS TO SUPPORT OUR COMMUNITY THE SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE. AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH. THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM. WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS. TO THAT END, WE HAVE ENTERED INTO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS. THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL. THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELLBEING OF THOUSANDS OF PATIENTS. THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES. WE BELIEVE THAT THE COUPLING</p> |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 5         | <p>OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CITY ADOPT-A-SCHOOL PROGRAM, MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS RAMSINKIND GOODS AND SERVICES MLH ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS BY SERVING ON NUMEROUS BOARDS AND COMMITTEES, INCLUDING HEALTHY SHELBY COUNTY, COMMUNTABLE HEALTH ALLIANCE, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, ITN MEMPHIS, METRO CARE, HEALTH CHOICE, TN CARE MEDICAL CARE ADVISORY, ISCT, CONCORD NURSING PROGRAM ADVISORY BOARD, SC COLLEGE OF NURSING ADVISORY COMMITTEE, NATIONAL ARTHRITIS FOUNDATION, GIFT OF LIFE MIDSOUTH, TENNESSEE NURSES ASSOCIATION, NWTN HEADSTRAT HEALTH ADVISORY COMMITTEE, SHELBY COUNTY BREASTFEEDING COALITION, PROMISE OF NURSING FOR TN, TN PUBLIC HEALTH ASSOCIATION, AMERICAN LIVER FOUNDATION, CYNTHIA MILK FUND, YMCA, OVERTON PARK CONSERVANCY, TENNESSEE BUSINESS ROUNDTABLE, COMMUNITY ALLIANCE FOR THE HOMELESS, CENTER OF YOUTH MINISTRY TRAINING, UNITED METHODIST NEIGHBORHOOD CENTERS, BOYS &amp; GIRLS CLUB, GREATER MEMPHIS CHAMBER OF COMMERCE, SOULSVILLE FOUNDATION, AMERICAN HEART ASSOCIATION, MARCH OF DIMES, CARL PERKINS CENTER FOR THE PREVENTION OF CHILD ABUSE, SAFE KIDS, BLUFF CITY MEDICAL SOCIETY, MEMPHIS AND MIDSOUTH PEDIATRIC ASSOCIATION, CYSTIC FIBROSIS FOUNDATION, MAKE A WISH FOUNDATION MIDSOUTH, MELANOMA RESEARCH FOUNDATION, RED CROSS, NATIONAL CIVIL RIGHTS MUSEUM, JUVENILE DIABETIS FOUNDATION, NEW MEMPHIS INSTITUTE, MID SOUTH MINORITY BUSINESS COUNCIL, APRIL 4 FOUNDATION, GIRLS INC, WOMEN FOUNDATION FOR GREATER MEMPHIS, MEMPHIS MUSEUMS INC MEMPHIS BRANCH NAACP, 100 BLACK MEN OF MEMPHIS INC, MEMPHIS COMMITTEE FOR ECONOMIC DEVELOPMENT, MEMPHIS THEOLOGICAL SEMINARY, MEMPHIS TOMORROW, MEMPHIS CHILD ADVOCACY CENTER, EXCHANGE CLUB CARPERKINS CENTER, NATIONAL KIDNEY FOUNDATION, GIFT OF LIFE MIDSOUTH, PEOPLE FIRST, CITY OF MEMPHIS IT STEERING, CHILDREN'S HOSPITAL ASSOCIATION, NEW LEADERS ADVISORY BOARD, IDLEWILD CHILDREN'S CENTER, FIRE MUSEUM OF MEMPHIS, REGIONAL INTERFAITH SOUP KITCHEN, A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES OF NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 6         | <p>METHODIST HEALTHCARE - MEMPHIS HOSPITALS, THE FILING ORGANIZATION, IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, METHODIST LE BONHEUR HEALTHCARE (MLH) ALTHOUGH THIS FORM 990 ONLY INCLUDES THE CHARITY CARE AND COMMUNITY BENEFIT OF THIS ORGANIZATION, MLH INCLUDES THE FOLLOWING ENTITIES THAT ALSO PROVIDE CHARITY CARE AND COMMUNITY BENEFIT - METHODIST EXTENDED CARE HOSPITAL, INC - ALLIANCE HEALTH SERVICES, INC - METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES - METHODIST HEALTHCARE - OLIVE BRANCH HOSPITAL IN ADDITION, METHODIST HEALTHCARE FOUNDATION AND LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION PROVIDE VALUABLE FINANCIAL SUPPORT TO THE OPERATIONS OF THE GROUP, ALLOWING IT TO PURSUE RESEARCH AND CONSTRUCTION PROJECTS TO PROVIDE ADDITIONAL BENEFITS TO THE COMMUNITY MLH OPERATES HOSPITALS, CLINICS, URGENT CARE CENTERS, AMBULATORY SURGERY CENTERS, AND OTHER NON-HOSPITAL FACILITIES THAT PROVIDED OVER \$237 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT DURING THE YEAR METHODIST HEALTHCARE - MEMPHIS HOSPITALS ALSO HAS A TEACHING AND RESEARCH AFFILIATION WITH THE UNIVERSITY OF TENNESSEE THE UNIVERSITY HAS A CLINICAL REACH THAT EXTENDS BEYOND THE LOCAL SERVICE AREA, PROVIDING HIGHLY SPECIALIZED SERVICES THAT ATTRACT PATIENTS FROM A MULTI-STATE SERVICE AREA MMH HAD OVER 303 MEDICAL INTERNS AND RESIDENTS THAT TRAINED IN OUR FACILITIES DURING THE YEAR</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                    | Explanation |
|--|-------------|
| Part VI, Line 7, Reports Filed With States | TN          |

Additional Data

Software ID:  
Software Version:  
EIN: 62-0479367  
Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities   |   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>5 |   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1  | METHODIST UNIVERSITY HOSPITAL<br>1265 UNION AVE<br>MEMPHIS, TN 38104                | X                 | X                          |                     | X                 |                          | X                 | X           |          |                  | A                        |
| 2  | METHODIST LE BONHEUR GERMANTOWN HOSPITAL<br>7691 POPLAR AVE<br>GERMANTOWN, TN 38138 | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| 3  | LE BONHEUR CHILDREN'S HOSPITAL<br>848 ADAMS STREET<br>MEMPHIS, TN 38103             | X                 | X                          | X                   | X                 |                          | X                 | X           |          |                  | A                        |
| 4  | METHODIST NORTH HOSPITAL<br>3960 NEW COVINGTON PIKE<br>MEMPHIS, TN 38128            | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| 5  | METHODIST SOUTH HOSPITAL<br>1300 WESLEY DR<br>MEMPHIS, TN 38116                     | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation  |
|--|--|
| Part V, Section B  | Facility Reporting Group A   |
| Facility Reporting Group A consists of   | - Facility 1 METHODIST UNIVERSITY HOSPITAL, - Facility 2 METHODIST LE BONHEUR GERMANTOWN HOSPITAL, - Facility 3 LE BONHEUR CHILDREN'S HOSPITAL, - Facility 4 METHODIST NORTH HOSPITAL, - Facility 5 METHODIST SOUTH HOSPITAL   |
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 5  | MLH engaged service-area community organizations and leaders via a combination of focus groups and stakeholder interviews to complete a thorough CHNA. Organizations and leaders identified are stakeholders in the health of the community. The MLH CHNA incorporated data and input from the following: Christ Community Health Services, Church Health Center, Memphis Child Advocacy Center, Memphis Health Center, Porter Leath, Shelby County Health Department, Shelby County Schools, United Way of the Mid-South, The University of Memphis, The University of Tennessee Health Science Center, as well as local business leaders, MLH and West associates, leadership, and physicians and our patient and family partners. |
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 6a | METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST OLIVE BRANCH HOSPITAL   |
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 11 | MLH developed hospital-specific implementation plans. Each facility's implementation plan was designed to be system-minded and focused on addressing the identified community health needs (i.e., Maternal Infant & Child Health, Access to Health Services, Cancer, and Cardiovascular Disease & Stroke). Plans assume all hospital facilities will work together in addressing needs, and does not include an exhaustive list of current community health initiatives. The "signature initiatives" addressed within this plan are specific programs of focus which will be used to measure progress of how this system is working to address the needs of the community.   |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference   | Explanation   |
|---|---|
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 13b           |   |
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 15e           | IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE   |
| Group A-Facility 1 -- METHODIST UNIVERSITY HOSPITAL Part V, Section B, line 16j           | IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS. A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION   |
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 5  | MLH engaged service-area community organizations and leaders via a combination of focus groups and stakeholder interviews to complete a thorough CHNA. Organizations and leaders identified are stakeholders in the health of the community. The MLH CHNA incorporated data and input from the following: Christ Community Health Services, Church Health Center, Memphis Child Advocacy Center, Memphis Health Center, Porter Leath, Shelby County Health Department, Shelby County Schools, United Way of the Mid-South, The University of Memphis, The University of Tennessee Health Science Center, as well as local business leaders, MLH and Weist associates, leadership, and physicians and our patient and family partners. |
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 6a | METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST OLIVE BRANCH HOSPITAL  |



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation  |
|--|--|
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 11  |  |
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 13b | ALL SELF PAY PATIENTS RECEIVE A 70% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS THE ORGA<br>NIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CAR<br>E BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT<br>SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPL<br>ICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE<br>IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDER<br>AL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDER<br>AL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS THE LEVEL OF DISCOUNT THEN RANGES FROM<br>70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION THE ORGA<br>NIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL<br>ASSISTANCE AT A 100% WRITE OFF THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER<br>TO RECEIVE A 100% WRITE OFF ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT THE<br>VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE -N<br>O CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-<br>NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED M<br>ETHODIST HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDI<br>CARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR<br>PAYMENT DISPOSITIONS |
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 15e | IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DU<br>RING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE  |
| Group A-Facility 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL Part V, Section B, line 16j | IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LET<br>TERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS O<br>N HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION   |
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 5             | MLH engaged service-area community organizations and leaders via a combination of focus gr<br>oups and stakeholder interviews to complete a thorough CHNA Organizations and leaders ide<br>ntified are stakeholders in the health of the community The MLH CHNA incorporated data an<br>d input from the following Christ Community Health Services, Church Health Center, Memphi<br>s Child Advocacy Center, Memphis Health Center, Porter Leath, Shelby County Health Departm<br>ent, Shelby County Schools, United Way of the Mid-South, The University of Memphis, The Un<br>iversity of Tennessee Health Science Center, as well as local business leaders, MLH and We<br>st associates, leadership, and physicians and our patient and family partners   |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation   |
|--|---|
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 6a  |   |
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 11  | MLH developed hospital-specific implementation plans. Each facility's implementation plan was designed to be system-minded and focused on addressing the identified community health needs (i.e., Maternal Infant & Child Health, Access to Health Services, Cancer, and Cardiovascular Disease & Stroke). Plans assume all hospital facilities will work together in addressing needs, and does not include an exhaustive list of current community health initiatives. The "signature initiatives" addressed within this plan are specific programs of focus which will be used to measure progress of how this system is working to address the needs of the community.  |
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 13b | ALL SELF PAY PATIENTS RECEIVE A 70% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS. THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION - A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE. IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS. THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION. THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF. THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF. ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT. THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE - NO CREDIT AVAILABLE - NO PRESENCE OF A MORTGAGE - NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM - NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM - THE PATIENT MUST RESIDE IN THE UNITED METHODIST HEALTHCARE CATCHMENT AREAS - THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE - THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR PAYMENT DISPOSITIONS. |
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 15e | IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE.  |
| Group A-Facility 3 -- LE BONHEUR CHILDREN'S HOSPITAL Part V, Section B, line 16j | IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS. A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION.  |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation  |
|--|--|
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 5   |  |
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 6a  | METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST OLIVE BRANCH HOSPITAL   |
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 11  | MLH developed hospital-specific implementation plans. Each facility's implementation plan was designed to be system-minded and focused on addressing the identified community health needs (i.e., Maternal Infant & Child Health, Access to Health Services, Cancer, and Cardiovascular Disease & Stroke). Plans assume all hospital facilities will work together in addressing needs, and does not include an exhaustive list of current community health initiatives. The "signature initiatives" addressed within this plan are specific programs of focus which will be used to measure progress of how this system is working to address the needs of the community.   |
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 13b | ALL SELF PAY PATIENTS RECEIVE A 70% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS. THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE. IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS. THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION. THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF. THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF. ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT. THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE -NO CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED STATES-METHODIST HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR PAYMENT DISPOSITIONS. |
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 15e | IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE.   |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation   |
|--|---|
| Group A-Facility 4 -- METHODIST NORTH HOSPITAL Part V, Section B, line 16j |   |
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 5   | MLH engaged service-area community organizations and leaders via a combination of focus groups and stakeholder interviews to complete a thorough CHNA. Organizations and leaders identified are stakeholders in the health of the community. The MLH CHNA incorporated data and input from the following: Christ Community Health Services, Church Health Center, Memphis Child Advocacy Center, Memphis Health Center, Porter Leath, Shelby County Health Department, Shelby County Schools, United Way of the Mid-South, The University of Memphis, The University of Tennessee Health Science Center, as well as local business leaders, MLH and West associates, leadership, and physicians and our patient and family partners.  |
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 6a  | METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST ST. LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST OLIVE BRANCH HOSPITAL  |
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 11  | MLH developed hospital-specific implementation plans. Each facility's implementation plan was designed to be system-minded and focused on addressing the identified community health needs (i.e., Maternal Infant & Child Health, Access to Health Services, Cancer, and Cardiovascular Disease & Stroke). Plans assume all hospital facilities will work together in addressing needs, and does not include an exhaustive list of current community health initiatives. The "signature initiatives" addressed within this plan are specific programs of focus which will be used to measure progress of how this system is working to address the needs of the community.  |
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 13b | ALL SELF PAY PATIENTS RECEIVE A 70% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS. THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE. IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS. THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION. THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF. THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF. ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT. THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE: -NO CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED STATES-ETHIOPIAN HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR PAYMENT DISPOSITIONS. |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference  | Explanation  |
|--|--|
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 15e |  |
| Group A-Facility 5 -- METHODIST SOUTH HOSPITAL Part V, Section B, line 16j | IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> 1 - West Cancer Center<br>100 N Humphreys Blvd<br>Memphis, TN 38120                                | Cancer Treatment Centers    |
| <b>1</b> 2 - West Cancer Center - Midtown<br>1588 Union Ave<br>Memphis, TN 38104                            | Cancer Treatment Centers    |
| <b>2</b> 3 - West Cancer Center - Southaven<br>7668 Airways Blvd<br>Southaven, MS 38671                     | Cancer Treatment Centers    |
| <b>3</b> 4 - Sutherland Cardiology Clinic<br>7460 Wolf River Blvd<br>Germantown, TN 38138                   | Specialists                 |
| <b>4</b> 5 - UT Methodist Physicians Cardiology - 1211<br>1211 Union Avenue Suite 965<br>Memphis, TN 38104  | Specialists                 |
| <b>5</b> 6 - Methodist Germantown Radiation Oncology Ce<br>7945 Wolf River Blvd<br>Germantown, TN 38138     | Cancer Treatment Centers    |
| <b>6</b> 7 - West Cancer Center<br>7945 Wolf River Blvd<br>Germantown, TN 38138                             | Cancer Treatment Centers    |
| <b>7</b> 8 - Methodist Medical Group - 3725 Champion Hi<br>3725 Champion Hills Dr 2000<br>Memphis, TN 38125 | myMD Clinics                |
| <b>8</b> 9 - Methodist Diagnostic Center - Midtown<br>1801 Union Avenue<br>Memphis, TN 38104                | Imaging & Diagnostic Center |
| <b>9</b> 10 - Methodist Medical Group - 8115 Country Vil<br>8115 Country Village<br>Cordova, TN 38016       | myMD Clinics                |
| <b>10</b> 11 - West Cancer Center - Brighton<br>240 Grandview Dr<br>Brighton, TN 38011                      | Cancer Treatment Centers    |
| <b>11</b> 12 - Margaret West Comprehensive Breast Center<br>7945 Wolf River Blvd<br>Germantown, TN 38138    | Imaging & Diagnostic Center |
| <b>12</b> 13 - UT Methodist Physicians Cardiology - 900 N<br>900 N 7th Street<br>West Memphis, AR 72301     | Specialists                 |
| <b>13</b> 14 - OB-GYN Specialists<br>6401 Poplar Ave 530<br>Memphis, TN 38119                               | Specialists                 |
| <b>14</b> 15 - Methodist Medical Group - 6570 Summer Oaks<br>6570 Summer Oaks Cove<br>Bartlett, TN 38134    | myMD Clinics                |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>16</b> 16 - Methodist Medical Group - 1533 Union<br>1533 Union Ave<br>Memphis, TN 38104                           | myMD Clinics                |
| <b>1</b> 17 - Methodist Medical Group - 9047 Poplar<br>9047 Poplar Ave 105<br>Germantown, TN 38138                   | myMD Clinics                |
| <b>2</b> 18 - Methodist Medical Group - 1325 Eastmorelan<br>1325 Eastmoreland 150<br>Memphis, TN 38104               | myMD Clinics                |
| <b>3</b> 19 - Urgent Care (Le Bonheur) - Memphis<br>8071 Winchester Rd<br>Memphis, TN 38125                          | Minor Medical Center        |
| <b>4</b> 20 - Methodist Medical Group - 6401 Poplar Ste<br>6401 Poplar Ave 400<br>Memphis, TN 38119                  | myMD Clinics                |
| <b>5</b> 21 - UT Methodist Physicians Transplant<br>1265 Union Avenue Sherard Wing 1st<br>Floor<br>Memphis, TN 38104 | Specialists                 |
| <b>6</b> 22 - Methodist Medical Group - 3590 New Covingt<br>3950 New Covington Pike 110<br>Memphis, TN 38128         | myMD Clinics                |
| <b>7</b> 23 - Methodist Medical Group - 1325 Eastmorelan<br>1325 Eastmoreland Avenue Suite 245<br>Memphis, TN 38104  | myMD Clinics                |
| <b>8</b> 24 - UT Methodist Physicians - Primary Care<br>57 Germantown Court Suite 100<br>Memphis, TN 38018           | myMD Clinics                |
| <b>9</b> 25 - Methodist Medical Group - 5182 Sanderlin<br>5182 Sanderlin 3<br>Memphis, TN 38117                      | myMD Clinics                |
| <b>10</b> 26 - Methodist Diagnostic Center - Germantown<br>1377 S Germantown Rd<br>Germantown, TN 38138              | Imaging & Diagnostic Center |
| <b>11</b> 27 - Methodist Medical Group - 1880 Old Hwy 51<br>1880 Old Highway 51 S Suite C<br>Brighton, TN 38011      | myMD Clinics                |
| <b>12</b> 28 - Methodist Medical Group - 303 Bancario<br>303 Bancario Rd Suite 1<br>Marion, AR 72364                 | myMD Clinics                |
| <b>13</b> 29 - Methodist Medical Group - 7690 Wolf River<br>7690 Wolf River Circle<br>Germantown, TN 38138           | myMD Clinics                |
| <b>14</b> 30 - Methodist Medical Group - 3789 Covington P<br>3789 Covington Pike<br>Bartlett, TN 38135               | myMD Clinics                |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>31</b> 31 - Methodist Medical Group - 7550 Wolf River<br>7550 Wolf River Blvd 103<br>Germantown, TN 38138            | myMD Clinics                |
| <b>1</b> 32 - Methodist Diagnostic Center - North<br>3950 New Covington Pike Suite 115<br>Memphis, TN 38128             | Imaging & Diagnostic Center |
| <b>2</b> 33 - Methodist Medical Group - 76 Capital Way<br>76 Capital Way Cove Suite C<br>Atoka, TN 38004                | myMD Clinics                |
| <b>3</b> 34 - Methodist Medical Group - Rheumatology<br>1211 Union Ste 200<br>Memphis, TN 38104                         | Specialists                 |
| <b>4</b> 35 - Methodist Medical Group - 2589 Appling<br>2589 Appling Rd 101<br>Bartlett, TN 38133                       | myMD Clinics                |
| <b>5</b> 36 - Methodist Medical Group - 2961 Canada<br>2961 Canada Rd 105<br>Lakeland, TN 38002                         | myMD Clinics                |
| <b>6</b> 37 - Methodist Medical Group - 1264 Wesley Ste<br>1264 Wesley Dr 606<br>Memphis, TN 38116                      | myMD Clinics                |
| <b>7</b> 38 - Methodist Medical Group - 7796 Wolf Trail<br>7796 Wolf Trail Cv 201<br>Germantown, TN 38138               | myMD Clinics                |
| <b>8</b> 39 - South Wound Healing Center<br>1251 Wesley Dr 107<br>Memphis, TN 38116                                     | Wound Healing Center        |
| <b>9</b> 40 - Margaret West Comprehensive Breast Center<br>1801 Union Ave<br>Memphis, TN 38104                          | Imaging & Diagnostic Center |
| <b>10</b> 41 - Margaret West Screening Breast Center<br>1381 S Germantown Rd<br>Germantown, TN 38138                    | Imaging & Diagnostic Center |
| <b>11</b> 42 - UT Methodist Physicians Surgical Oncology<br>7945 Wolf River Boulevard Suite 280<br>Germantown, TN 38138 | Specialists                 |
| <b>12</b> 43 - North Wound Healing Center<br>3950 New Covington Pike Suite 350<br>Memphis, TN 38128                     | Wound Healing Center        |
| <b>13</b> 44 - Methodist Medical Group - 3473 Poplar<br>3473 Poplar Ave 103<br>Memphis, TN 38111                        | myMD Clinics                |
| <b>14</b> 45 - Methodist Sleep Disorders Center<br>5050 Poplar Ave 300<br>Memphis, TN 38157                             | Sleep Disorder Center       |



**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>46</b> 46 - Methodist Medical Group - 7655 Poplar<br>7655 Poplar Avenue Suite 140<br>Germantown, TN 38138            | myMD Clinics                |
| <b>1</b> 47 - Methodist Medical Group - General Surgery<br>7705 Poplar Avenue Bldg B Suite 310<br>Germantown, TN 38138  | Specialists                 |
| <b>2</b> 48 - Methodist University Specialty Clinic<br>1325 Eastmoreland 101<br>Memphis, TN 38104                       | myMD Clinics                |
| <b>3</b> 49 - Memphis Shoulder and Orthopedic Surgery<br>1264 Wesley Dr 302<br>Memphis, TN 38116                        | Specialists                 |
| <b>4</b> 50 - UT Methodist Physicians Head & Neck Surger<br>7945 Wolf River Boulevard Suite 220<br>Germantown, TN 38138 | Specialists                 |
| <b>5</b> 51 - UT Methodist Physicians Vascular Surgery -<br>1325 Eastmoreland Avenue Suite 310<br>Memphis, TN 38104     | Specialists                 |
| <b>6</b> 52 - West Cancer Center - Collierville<br>1500 W Poplar Ave 304<br>Collierville, TN 38017                      | Cancer Treatment Centers    |
| <b>7</b> 53 - Southwind Endoscopy Center<br>3725 Champion Hills Dr Ste 2400<br>Memphis, TN 38125                        | Specialists                 |
| <b>8</b> 54 - Methodist Medical Group - Endocrinology<br>6401 Poplar Ave Suite 400<br>Memphis, TN 38119                 | Specialists                 |
| <b>9</b> 55 - Ian Gaillard MD<br>3725 Champion Hills Drive Suite<br>2000<br>Memphis, TN 38125                           | Specialists                 |
| <b>10</b> 56 - UT Methodist Physicians Head & Neck Surger<br>1211 Union Avenue Suite 300<br>Memphis, TN 38104           | Specialists                 |
| <b>11</b> 57 - UT Methodist Physicians Endocrinology - 12<br>1251 Wesley Drive Suite 151<br>Memphis, TN 38116           | Specialists                 |
| <b>12</b> 58 - Le Bonheur Children's Outpatient Center Ea<br>100 N Humphreys Blvd<br>Memphis, TN 38120                  | Imaging & Diagnostic Center |
| <b>13</b> 59 - UT Methodist Physicians Gastroenterology -<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104    | Specialists                 |
| <b>14</b> 60 - UT Methodist Physicians Endocrinology - 13<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104    | Specialists                 |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>61</b> 61 - UT Methodist Physicians Surgical Oncology<br>1211 Union Avenue Suite 300<br>Memphis, TN 38104             | Specialists                 |
| <b>1</b> 62 - Thaddeus Gaillard MD<br>7900 Airways Bldg B 101<br>Southaven, MS 38671                                     | Specialists                 |
| <b>2</b> 63 - Methodist Medical Group - General Surgery<br>3950 New Covington Pike Suite 200<br>Memphis, TN 38128        | Specialists                 |
| <b>3</b> 64 - Womens Health & Wellness Center<br>1251 Wesley Drive Suite 100<br>Memphis, TN 38116                        | Specialists                 |
| <b>4</b> 65 - Methodist Medical Group - General Surgery<br>1264 Wesley Dr 304<br>Memphis, TN 38116                       | Specialists                 |
| <b>5</b> 66 - UT Methodist Physicians Infectious Disease<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104      | Specialists                 |
| <b>6</b> 67 - UT Methodist Physicians Endocrinology - 57<br>57 Germantown Court Suite 100<br>Memphis, TN 38108           | Specialists                 |
| <b>7</b> 68 - UT Methodist Physicians Pulmonology<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104             | Specialists                 |
| <b>8</b> 69 - UT Methodist Physicians Gastroenterology -<br>57 Germantown Court Suite 100<br>Memphis, TN 38108           | Specialists                 |
| <b>9</b> 70 - UT Methodist Physicians Thoracic Surgery -<br>1211 Union Avenue Suite 300<br>Memphis, TN 38104             | Specialists                 |
| <b>10</b> 71 - UT Methodist Physicians General & Minimall<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104     | Specialists                 |
| <b>11</b> 72 - UT Methodist Physicians Thoracic Surgery -<br>7945 Wolf River Boulevard Suite 280<br>Germantown, TN 38138 | Specialists                 |
| <b>12</b> 73 - UT Methodist Physicians Cardiology - 57 Ge<br>57 Germantown Court Suite 100<br>Memphis, TN 38108          | Specialists                 |
| <b>13</b> 74 - Methodist Medical Group - Cardiovascular S<br>7655 Poplar Ave Suite 350<br>Germantown, TN 38138           | Specialists                 |
| <b>14</b> 75 - Methodist Medical Group - Cardiovascular S<br>1325 Eastmoreland Ave Suite 365<br>Memphis, TN 38104        | Specialists                 |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>76</b> 76 - UT Methodist Physicians Vascular Surgery -<br>7655 Poplar Avenue Suite 240<br>Germantown, TN 38138  | Specialists                 |
| <b>1</b> 77 - Methodist Medical Group - Cardiovascular S<br>3950 New Covington Pike Suite 290<br>Memphis, TN 38128 | Specialists                 |
| <b>2</b> 78 - UT Methodist Physicians Infectious Disease<br>57 Germantown Court Suite 100<br>Memphis, TN 38108     | Specialists                 |
| <b>3</b> 79 - Arrhythmia Consultants PC<br>1211 Union Ave Suite 475<br>Memphis, TN 38104                           | Specialists                 |
| <b>4</b> 80 - UT Methodist Physicians Neurology<br>1325 Eastmoreland Avenue Suite 370<br>Memphis, TN 38104         | Specialists                 |
| <b>5</b> 81 - Wolf River Surgery Center<br>1325 Wolf Park Dr 101<br>Germantown, TN 38138                           | Surgery Center              |
| <b>6</b> 82 - Methodist Comprehensive Sickle Cell Center<br>1325 Eastmoreland Suite 101<br>Memphis, TN 38104       | Sickle Cell Center          |
| <b>7</b> 83 - UT Methodist Physicians Thoracic Surgery -<br>7655 Poplar Avenue Suite 240<br>Germantown, TN 38138   | Specialists                 |
| <b>8</b> 84 - UT Methodist Physicians General & Minimm<br>3950 New Covington Pike Suite 350<br>Memphis, TN 38128   | Specialists                 |
| <b>9</b> 85 - UT Methodist Physicians Cardiology - 3950<br>3950 New Covington Pike Suite 220<br>Memphis, TN 38128  | Specialists                 |
| <b>10</b> 86 - UT Methodist Physicians Cardiology - 1251<br>1251 Wesley Drive Suite 153<br>Memphis, TN 38116       | Specialists                 |

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Employer identification number  
62-0479367

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                        |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1)<br>UNIVERSITY OF TENNESSEE<br>2407 RIVER RUN DRIVE ROOM A102<br>KNOXVILLE, TN 37996                       | 62-6001636 | 501(C)(3)                     | 5,000,000                |                                   |   |  | OPERATIONAL SUPPORT OF PHYSICIAN CLINICS AT MHM LOCATIONS |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ |            |                               |                          |                                   |   |  | 1   |
| 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶                            |            |                               |                          |                                   |   |  |   |

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1)                             |                          |                          |                                   |   |  |
| (2)                             |                          |                          |                                   |   |  |
| (3)                             |                          |                          |                                   |   |  |
| (4)                             |                          |                          |                                   |   |  |
| (5)                             |                          |                          |                                   |   |  |
| (6)                             |                          |                          |                                   |   |  |
| (7)                             |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation   |
|------------------|---|
| Part I, Line 2   | GRANTS ARE MADE ONLY TO OTHER CHARITABLE INSTITUTIONS WITH AN IRS TAX EXEMPTION GRANTS ARE MADE IN ACCORDANCE WITH THE METHODIST LE BONHEUR HEALTHCARE MISSION STATEMENT OF PROVIDING RESOURCES TO EXTEND HEALTH CARE THROUGH THE METHODIST LE BONHEUR HEALTHCARE SERVICE AREA ALL GRANT REQUESTS ARE REVIEWED AND APPROVED BY A GROUP OF EXECUTIVES CONSISTING OF THE CEO, COO, CFO AND EVP OF METHODIST LE BONHEUR HEALTHCARE |

Schedule J  
(Form 990)

OMB No. 1545-0047

2015  
Open to Public Inspection

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number  
62-0479367

Part I

Questions Regarding Compensation

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> |     |    |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.   |     |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  | Yes |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>  |     |    |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?<br><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |     | No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |     |    |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.   |     | No |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.   |     | No |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.   | Yes |    |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |     | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation   |
|------------------|---|
| Part I, Line 3   | NOTE THAT THE GOVERNING BODY OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS IDENTICAL TO THE GOVERNING BODY OF METHODIST LE BONHEUR HEALTHCARE, THE SOLE MEMBER AND CONTROLLING ORGANIZATION  |
| Part I, Line 4b  | THE PURPOSE OF THE METHODIST LE BONHEUR HEALTHCARE CONSOLIDATED EXECUTIVE DEFERRED COMPENSATION PLAN IS TO PROVIDE RETIREMENT BENEFITS FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES IN ADDITION TO THE BENEFITS PROVIDED THROUGH THE OTHER RETIREMENT PLANS THAT ARE SPONSORED BY THE COMPANY. IT IS INTENDED THAT THIS PLAN COMPLY WITH INTERNAL REVENUE CODE SECTION 457(F) AND QUALIFY FOR THE SHORT TERM DEFERRAL EXCEPTION TO CODE SECTION 409A. UNDER THE PLAN, CORPORATE EXECUTIVES AT OR ABOVE THE VICE PRESIDENT LEVEL ARE ELIGIBLE TO RECEIVE EXECUTIVE DEFERRED COMPENSATION CREDITS DEPENDING ON THEIR POSITION CLASSIFICATION [6%,8%,10%,12% OF BASE SALARY]. EACH PLAN YEAR, THE EXECUTIVE MUST ELECT A DEFERRED VESTING DATE TO BE APPLIED TO THE DEFERRED COMPENSATION CREDIT THAT WILL BE EARNED IN THAT PLAN YEAR. THE DEFERRED VESTING DATE IS SUBJECT TO A VESTING SCHEDULE THAT REQUIRES A MINIMUM DEFERRAL OF 5 YEARS TO BECOME VESTED. UPON REACHING AGE 55, THE MINIMUM DEFERRAL IS REDUCED TO 3 YRS. UPON REACHING AGE 60, THE MINIMUM DEFERRAL IS REDUCED TO 2 YRS. AT AGE 64, A CASH EQUIVALENT IS PROVIDED TO THE EXECUTIVE AND NO ADDITIONAL DEFERRALS ARE MADE UNDER THIS PLAN. THE PLAN IS UNFUNDED WITH ALL BENEFITS PAID FROM THE COMPANY'S GENERAL ASSETS. HOWEVER, THE EXECUTIVE IS ALLOWED TO DIRECT THE INVESTMENTS OF HIS DEFERRED COMPENSATION CREDIT IN A MENU OF INVESTMENT ALTERNATIVES MADE AVAILABLE BY THE COMPANY. UPON VESTING, A DISTRIBUTION IS PROVIDED LESS THE APPLICABLE TAX. IN THE CASE OF A VOLUNTARY TERMINATION OF EMPLOYMENT BY THE EXECUTIVE OR INVOLUNTARY TERMINATION OF EMPLOYMENT FOR CAUSE BY THE COMPANY, THE NON-VESTED FUNDS ARE FORFEITED. ACCELERATED VESTING (100%) IS ALLOWED UPON DEATH, DISABILITY OR AN INVOLUNTARY TERMINATION BY THE COMPANY WITHOUT CAUSE. ALLOCATIONS TO THE 457(F) PLAN FOR THE YEAR INCLUDE THE FOLLOWING: WILLIAM KENLEY - \$48,988; JAMES ROBINSON III - 33,028; GYASI CHISLEY - 26,403; ROBIN WOMEDU - 18,258; CORBI MILLIGAN - 16,199; ANN BROWN - 14,487; CHRISTOPHER MCLEAN - 74,991; NIKKI POLIS - 39,351; MITCH GRAVES - 39,928; LYNN FIELD - 14,957; DAVID BAYTOS - 40,148; MICHAEL UGWUEKE - 103,226; HUGH JONES III - 35,402; DONNA ABNEY - 21,925; CAROL ROSS-SPANG - 41,156; WILLIAM BREEN JR - 44,802; EDWARD RAFALSKI - 20,655; MARK MCMATH - 39,409; REBECCA CULLISON - 10,777. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) PAYOUTS: THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEARS FORM 990 AS REQUIRED. PAYOUTS FROM THE 457(F) PLAN FOR THE YEAR INCLUDE THE FOLLOWING: WILLIAM KENLEY - \$55,211; MERI ARMOUR - 58,461; ROBIN WOMEDU - 16,886; KAREN HOPPER - 14,915; ANN BROWN - 13,822; CHRISTOPHER MCLEAN - 80,657; NIKKI POLIS - 29,308; MITCH GRAVES - 41,291; JEFF LIEBMAN - 45,679; DAVID BAYTOS - 44,209; MICHAEL UGWUEKE - 127,728; DONNA ABNEY - 108,100; CAROL ROSS-SPANG - 83,489; WILLIAM BREEN JR - 97,072. IN ADDITION, SEVERAL EXECUTIVES RECEIVED AN EXECUTIVE RETIREMENT LUMP SUM PAYOUT. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEAR'S FORM 990 AS REQUIRED. PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN FOR THE YEAR INCLUDE THE FOLLOWING: MERI ARMOUR - \$57,318; DAVID BAYTOS - 38,409; JEFFREY LIEBMAN - 64,238; WILLIAM MAY - 17,972; GARY SHORB - 118,636; HARRY DURBIN - 22,119; CATO JOHNSON - 35,014; SUSAN THURMOND - 44,856; KAREN HOPPER - 16,028. |
| Part I, Line 7   | THE MANAGEMENT INCENTIVE PLAN INTENDS TO REWARD MANAGEMENT FOR THE ACHIEVEMENT OF PERFORMANCE AGAINST A PRE-ESTABLISHED SET OF BALANCED AND CHALLENGING GOALS. THE PLAN ALSO INCLUDES A PROVISION THAT DEFERS VESTING OF A PORTION OF THE AWARD SUBJECT TO CONTINUED EMPLOYMENT (WITH A SUBSTANTIAL RISK OF FORFEITURE) TO ENCOURAGE RETENTION OF EXECUTIVES. AT THE AGE OF 64 AND HAVING 5 YEARS' SERVICE, ALL UNVESTED DEFERRALS WILL VEST AND BE PAID AS SOON AS ADMINISTRATIVELY FEASIBLE IN THE CALENDAR YEAR OF THE VESTING EVENT. THIS PLAN IS REVIEWED BY AN EXTERNAL THIRD-PARTY CONSULTANT.   |



Additional Data

Software ID:

Software Version:

EIN: 62-0479367

Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1HEATHER SWANSON MD<br>BOARD MEMBER                | (i)  | 301,875  | 0                                   | 300                                 | 16,562   | 10,242                  | 328,979                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
| 1GARY SHORBCEO                                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 984,903  | 765,473                             | 165,304                             | 141,621  | -                       | -                               | 421,155   |
| 2MICHAEL UGWUEKECOO                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 683,820  | 209,091                             | 139,343                             | 187,477  | -                       | -                               | 161,567   |
| 3DONNA ABNEY<br>EXECUTIVE VICE PRESIDENT           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 181,063  | 309,808                             | 112,229                             | 52,127   | -                       | -                               | 277,648   |
| 4CHRIS MCLEAN<br>CFO/TREASURER                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 618,928  | 237,759                             | 90,368                              | 179,997  | -                       | -                               | 129,069   |
| 5DAVID BAYTOSSVP - MS                              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 327,414  | 206,631                             | 92,448                              | 73,112   | -                       | -                               | 149,761   |
| 6HARRY DURBINSVP - F&H                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 150,977  | 97,332                              | 30,607                              | 9,331  | -                       | -                               | 46,365  |
| 7CATO JOHNSON<br>SVP - Public Policy               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 288,049  | 171,319                             | 51,394                              | 33,830   | -                       | -                               | 94,272  |
| 8MARK MCMATHSVP - CMIO                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 302,766  | 29,933                              | 26,317                              | 65,287   | -                       | -                               | 0   |
| 9NIKKI POLIS<br>SVP - CHIEF NURSING OFFICER        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 304,451  | 93,216                              | 36,190                              | 82,386   | -                       | -                               | 45,914  |
| 10HUGH JONES III<br>SVP - STRATEGIC PLANNING       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 277,756  | 0                                   | 50,456                              | 49,213   | -                       | -                               | 0   |
| 11CAROL ROSS-SPANG<br>SVP - HUMAN RESOURCES        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 337,910  | 102,695                             | 93,135                              | 110,728  | -                       | -                               | 105,909   |
| 12SUSAN THURMOND<br>SVP - CHIEF QUALITY OFFICER    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 388,580  | 220,939                             | 62,047                              | 42,592   | -                       | -                               | 122,542   |
| 13WILLIAM BREEN JR<br>SVP - PHYSICIAN ALIGNMENT    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 335,394  | 132,231                             | 99,887                              | 95,527   | -                       | -                               | 124,829   |
| 14LYNN FIELD<br>VP - CHIEF LEGAL OFFICER           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 245,553  | 46,284                              | 6,106                               | 46,143   | -                       | -                               | 0   |
| 15MITCH GRAVES<br>SVP - PRESIDENT OF HEALTH CHOICE | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 328,005  | 116,142                             | 55,306                              | 105,926  | -                       | -                               | 56,185  |
| 16MERI ARMOUR<br>SVP - CEO LE BONHEUR HOSPITAL     | (i)  | 473,580  | 251,472                             | 156,190                             | 38,191   | 14,238                  | 933,671                         | 185,306   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
| 17JEFF LIEBMAN<br>SVP - CEO OF UNIVERSITY          | (i)  | 443,367  | 69,165                              | 130,384                             | 38,955   | 7,878                   | 689,749                         | 45,679  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
| 18WILLIAM KENLEY<br>SVP - CEO OF GERMANTOWN        | (i)  | 402,086  | 144,893                             | 58,647                              | 118,859  | 13,785                  | 738,270                         | 78,491  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
| 19James ROBINSON III<br>SVP - CEO OF SOUTH         | (i)  | 269,316  | 75,838                              | 2,296                               | 66,339   | 13,593                  | 427,382                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 21GYASI CHISLEY<br>SVP - CEO OF NORTH      | (i)  | 217,413  | 72,937                              | 8,533                               | 63,917   | 13,785                  | 376,585                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 1ROBIN WOMEODU<br>CMO - UNIVERSITY         | (i)  | 300,710  | 35,899                              | 21,808                              | 49,325   | 13,785                  | 421,527                         | 16,886  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 2WILLIAM MAY<br>CMO - LE BONHEUR HOSPITAL  | (i)  | 295,839  | 59,830                              | 40,665                              | 13,555   | 7,878                   | 417,767                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 3PAUL DOUTHITT<br>CMO OF GERMANTOWN        | (i)  | 302,972  | 70,967                              | 41,669                              | 28,981   | 10,242                  | 454,831                         | 15,327  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 4KAREN HOPPER<br>CMO OF NORTH              | (i)  | 271,213  | 40,306                              | 39,415                              | 46,305   | 19,303                  | 416,542                         | 14,915  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 5CORBI MILLIGAN<br>CMO OF SOUTH            | (i)  | 267,742  | 0                                   | 12,524                              | 21,291   | 5,827                   | 307,384                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 6ANN BROWN<br>VP - PRACTICE TRANSFORMATION | (i)  | 239,263  | 57,326                              | 19,556                              | 28,974   | 5,585                   | 350,704                         | 13,822  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 7SHADWAN ALSAFWAH<br>PHYSICIAN             | (i)  | 1,168,616  | 0                                   | 0                                   | 0  | 2,568                   | 1,171,184                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 8JAMES EASONPHYSICIAN                      | (i)  | 2,085,606  | 0                                   | 0                                   | 27,082   | 4,217                   | 2,116,905                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 9UZOMA IBEBUOGU<br>PHYSICIAN               | (i)  | 1,015,252  | 0                                   | 27                                  | 22,639   | 3,381                   | 1,041,299                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 10RAMI KHOUZAMPHYSICIAN                    | (i)  | 1,077,709  | 0                                   | 0                                   | 23,575   | 2,568                   | 1,103,852                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 11EDMOND OWENPHYSICIAN                     | (i)  | 1,143,269  | 0                                   | 0                                   | 15,900   | 13,785                  | 1,172,954                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Name of the organization  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number  
62-0479367

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | ▶ \$            |                 |    |                                     |    |                        |    |

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                   | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--|---|----|
|                               |   |                           |  | Yes                                     | No |
| (1) MARK YANCY                | FAMILY RELATIONSHIP TO BOARD MEMBER LUKE YANCY                  | 51,418                    | COMPENSATION FOR AN EMPLOYEE OF THE ORGANIZATION |   | No |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

|   |  |  |   |
|---|--|--|---|
| efile GRAPHIC print - DO NOT PROCESS  |  | As Filed Data -                                  | DLN: 93493317052037                             |
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ)   | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |  | OMB No 1545-0047                                |
|   |  |  | <b>2016</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br><del>Internal Revenue Service</del><br>Name of the organization<br>METHODIST HEALTHCARE - MEMPHIS HOSPITALS |  | Employer identification number<br><br>62-0479367 |   |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4A | <p>CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS IN 2016, METHODIST MEMPHIS HOSPITALS WERE NAMED THE BEST HOSPITAL IN MEMPHIS ONCE AGAIN BY U S NEWS &amp; WORLD REPORT FOR THE LAST SEVERAL YEARS, METHODIST HAS BEEN NAMED IN MODERN HEALTHCARE MAGAZINE, AS ONE OF THE TOP 100 INTEGRATED HEALTHCARE NETWORKS IN THE COUNTRY THE FIVE (5) FACILITIES OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS ARE LICENSED AS ONE HOSPITAL IT IS THE THIRD LARGEST HOSPITAL IN THE COUNTRY METHODIST HAS FIVE MAJOR AREAS OF FOCUS CARDIOLOGY, CANCER, NEUROSCIENCES, TRANSPLANT, AND PEDIATRICS METHODIST HEALTHCARE - MEMPHIS HOSPITALS OPERATES THE FOLLOWING HOSPITALS - METHODIST UNIVERSITY HOSPITAL, THE FLAGSHIP OF THE METHODIST HEALTHCARE SYSTEM, IS LOCATED IN THE HEART OF THE MEMPHIS MEDICAL CENTER METHODIST IS FORMALLY AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER AND SERVES AS ITS PRIMARY TEACHING SITE A TERTIARY CARE AND REFERRAL CENTER, METHODIST UNIVERSITY HOSPITAL HAS ONE OF THE LARGEST NEUROSCIENCES PROGRAMS IN THE COUNTRY THE TRANSPLANT PROGRAM SPECIALIZES IN SOLID ORGAN TRANSPLANTS OF THE KIDNEY, LIVER AND PANCREAS - METHODIST NORTH HOSPITAL IS A COMMUNITY HOSPITAL SERVING RESIDENTS OF THE RALEIGH-BARTLETT AREA OF NORTH MEMPHIS AND SURROUNDING AREAS THE FACILITY OFFERS STATE-OF-THE-ART, COMPREHENSIVE CARDIAC SERVICES THE HOSPITAL HAS EXPANDED LASER SURGERY CAPABILITIES AND SAME-DAY SURGERY SERVICES ON CAMPUS, AS WELL AS AN AFFILIATED REHABILITATION FACILITY ON CAMPUS - METHODIST SOUTH HOSPITAL SERVES THE CITIZENS OF SOUTH MEMPHIS AND SURROUNDING AREAS THIS ACUTE CARE HOSPITAL INCLUDES A MATERNITY CENTER, A CANCER CENTER, A CRITICAL CARE UNIT, A SAME-DAY SURGERY UNIT AND A COMPLETE ARRAY OF OUTPATIENT SERVICES THE METHODIST SOUTH HOSPITAL ALSO OFFERS STATE-OF-THE-ART CARDIAC SERVICES, INCLUDING CARDIAC CATHETERIZATION AND OPEN-HEART SURGERY - METHODIST LE BONHEUR GERMANTOWN HOSPITAL IS A COMMUNITY HOSPITAL SERVING GERMANTOWN, COLLIERVILLE, EAST MEMPHIS AND NORTH MISSISSIPPI THE HOSPITAL OFFERS ACUTE INPATIENT CARE AND TREATMENT, EXTENSIVE SURGICAL SERVICES, WOMEN'S HEALTH SERVICES, CARDIAC SERVICES, CHILDREN'S SERVICES AND EMERGENCY SERVICES WITH URGENT AND EMERGENCY CARE FOR ADULTS AND CHILDREN - LE BONHEUR CHILDREN'S HOSPITAL IS THE MID-SOUTH'S FIRST AND ONLY COMPREHENSIVE PEDIATRIC MEDICAL FACILITY FOUNDED IN 1952, LE BONHEUR TREATS 130,000 CHILDREN FROM 47 STATES AND MANY COUNTRIES THE HOSPITAL IS HOME TO ONE OF THE NATION'S 10 BUSIEST PEDIATRIC EMERGENCY DEPARTMENTS AND HOSTS ONE OF THE LARGEST PEDIATRIC SURGICAL BRAIN TUMOR PROGRAMS IT IS THE TEACHING SITE FOR THE UNIVERSITY OF TENNESSEE DEPARTMENT OF PEDIATRICS AND HOME TO THE CHILDREN'S FOUNDATION RESEARCH CENTER OF MEMPHIS LE BONHEUR CHILDREN'S HOSPITAL WAS NAMED A NATIONAL BEST CHILDREN'S HOSPITAL BY U S NEWS &amp; WORLD REPORT AND ALSO RECOGNIZED AS HIGH-PERFORMING IN THE FOLLOWING SEVEN SPECIALTIES CARDIOLOGY &amp; HEART SURGERY, NEUROLOGY &amp; NEUROSURGERY, PULMONOLOGY, UROLOGY</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | , NEPHROLOGY, ORTHOPEDICS, AND NEONATOLOGY AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICES AREA BECAUSE OUR FACILITIES ARE PLACED IN ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS, WE PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY * * * IN 2016 MLH CONTRIBUTED MORE THAN \$237 MILLION IN COMMUNITY BENEFIT TO MEMPHIS AND THE MID-SOUTH THROUGH VARIOUS EFFORTS INCLUDING, CHARITY CARE, MEDICARE/TNCARE SHORTFALL, MEDICAL EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT SERVICES NET COMMUNITY BENEFIT EXPENSE IS CALCULATED USING A STANDARD APPROACH AS REQUIRED FOR GOVERNMENT BENEFIT REPORTING |

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | <p>CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS METHODIST LE BONHEUR HEALTHCARE WORKS DILIGENTLY THROUGHOUT OUR LOCAL COMMUNITIES TO INCREASE HEALTH AWARENESS AMONGST THE GENERAL PUBLIC AS STATED IN OUR ORGANIZATON'S MISSION AND VALUES, IT IS OUR DEDICATION TO COMMUNI TY SERVICE THAT DRIVES OUR CALL TO ACTION OUR GOAL IS TO PROVIDE OUR NEIGHBORS WITH RESOU RCES AND EDUCATION NECESSARY TO EFFECTIVELY COMBAT THE RISK FACTORS AND BEHAVIORS THAT PO SE A CHALLENGE TO LIFE EXPECTANCY RATES WITHIN OUR REGION OUR DEDICATION TO GIVING BACK I NVOLVES A NUMBER OF MEASUREABLE PROGRAMS AND EVENTS THAT ARE ALL ALIGNED WITH OUR PRIMARY GOAL OF ALLOWING PEOPLE OF THE MID SOUTH TO LIVE THEIR BEST LIVES OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILI TIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICE AREA OUR LOCATIONS ARE PLACED I N ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS ALLOWING US TO PROVIDE ACCESS TO HEALTHCAR E FOR ALL OF THE COMMUNITY OTHER ELEMENTS OF OUR COMMITMENT TO GIVING INCLUDE, OUR EDUCAT IONAL SEMINARS THAT FOCUS ON TOPICS SUCH AS DIABETES PREVENTION AND MANAGEMENT, STROKE PRE VENTION AND CARE, PEDIATRIC ASTHMA TRAINING, FIRST AID/ HANDS ONLY CPR TRAINING, AND MENTA L HEALTH AWARENESS, WHICH ARE OFFERED AT VARIOUS METHODIST HOSPITAL LOCATIONS IN ADDITION TO THAT, OUR FACILITIES SERVE AS HOST TO A NUMBER OF SUPPORT GROUPS SUCH AS "MOMS", "DYNA MIC DADS", "GRIEF", AND SOCIAL SKILL DEVELOPMENT GROUPS ALL OF WHICH SHARE A COMMON OBJEC TIVE, TO SUPPLY THE PEOPLE OF OUR COMMUNITY WITH THE EMOTIONAL SUPPORT AND RESOURCES NEEDED TO OVERCOME LIFE STRESSORS HEALTH FAIRS ARE HELD AT EACH OF OUR NORTH, SOUTH, GERMANTOW N, AND OLIVE BRANCH HOSPITALS ON AN ANNUAL BASIS PROVIDING HEALTH SCREENINGS TO THE PUBLIC AND FOLLOW UP REFERRELS ARE PROVIDED AS NEEDED ALL OF THESE SERVICES ARE PROVIDED AT NO COST TO THE COMMUNITY IN ADDITION TO THAT, WE OUR ORGANIZATION ABSORBS COST ASSOCIATED WI TH PROVIDING MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND HOME HEALTH VISITS FOR MANY OF OUR INDIGENT PATIENTS ALL IN EFFORTS OF ALLOWING THEM TO CONTINUE THEIR RECOVERY PROCESS POST DISCHARGE OUR FACILITIES ABSORB THE COST OF TRANSPORTATION FOR MANY OF OUR PATIENTS BY C AB, BUS, OR AMBULANCE TO GET HOME AFTER DISCHARGE MEDICAL EDUCATION AND RESEARCH-METHODIS T SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEAL TH SCIENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVE RSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPIT AL THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST THESE TRAI NEEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE I NVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES CHURCH HEALTH CENTER AS AN E ARLY SUPPORTER OF THE CHURCH H</p> |



**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | <p>HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR. SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. MHMH HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. LE BONHEUR COMMUNITY HEALTH &amp; WELL-BEING LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS. THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION. WHILE THESE PROGRAMS ARE LARGELY FUNDED BY GRANTS, METHODIST GAVE \$1,060,805 IN SUPPORT IN 2016 FOR INKIND DONATIONS TO SUPPORT OUR COMMUNITY. THE SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE. AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH. THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM. WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS. TO THAT END, WE HAVE ENTERED INTO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS. THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL. THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELLBEING OF THOUSANDS OF PATIENTS. THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES. WE BELIEVE THAT THE COUPLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND. THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS. IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS. METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CITY ADOPT-A-SCHOOL PROGRAM. MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE F</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4A | <p>INANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS INKIND GOODS AND SERVICES MHMH ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS BY SERVING ON NUMEROUS BOARDS AND COMM ITTEES, INCLUDING HEALTHY SHELBY COUNTY, COMMONTABLE HEALTH ALLIANCE, CHRIST COMMUNITY HE ALTH SERVICES, CHURCH HEALTH CENTER, ITN MEMPHIS, METRO CARE, HEALTH CHOICE, TN CARE MEDIC AL CARE ADVISORY, ISCT, CONCORD NURSING PROGRAM ADVISORY BOARD, SC COLLEGE OF NURSING ADVI SORY COMMITTEE, NATIONAL ARTHRITIS FOUNDATION, GIFT OF LIFE MIDSOUTH, TENNESSEE NURSES ASS OCIATION, NWTN HEADSTRAT HEALTH ADVISORY COMMITTEE, SHELBY COUNTY BREASTFEEDING COALITION, PROMISE OF NURSING FOR TN, TN PUBLIC HEALTH ASSOCIATION, AMERICAN LIVER FOUNDATION, CYNTH IA MILK FUND, YMCA, OVERTON PARK CONSERVANCY, TENNESSEE BUSINESS ROUNDTABLE, COMMUNITY ALL IANCE FOR THE HOMELESS, CENTER OF YOUTH MINISTRY TRAINING, UNITED METHODIST NEIGHBORHOOD CE NTERS, BOYS&amp;GIRLS CLUB, GREATER MEMPHIS CHAMBER OF COMMERCE, SOULSVILLE FOUNDATION, AMERIC AN HEART ASSOCIATION, MARCH OF DIMES, CARL PERKINS CENTER FOR THE PREVENTION OF CHILD ABUS E, SAFE KIDS, BLUFF CITY MEDICAL SOCIETY, MEMPHIS AND MIDSOUTH PEDIATRIC ASSOCIATION, CYST IC FIBROSIS FOUNDATION, MAKE A WISH FOUNDATION MIDSOUTH, MELANOMA RESEARCH FOUNDATION, RED CROSS, NATIONAL CIVIL RIGHTS MUSEUM, JUEINLE DIABETIS FOUNDATION, NEW MEMPHIS INSTITUTE, MID SOUTH MINORITY BUSINESS COUNCIL, APRIL 4 FOUNDATION, GIRLS INC , WOMEN FOUNDATION FOR GREATER MEMPHIS, MEMPHIS MUSEUMS INC MEMPHIS BRANCH NAACP, 100 BLACK MEN OF MEMPHIS INC , MEMPHIS COMMITTEE FOR ECONOMIC DEVELOPMENT, MEMPHIS THEOPOGICAL SEMINARY, MEMPHIS TOMORR OW, MEMPHIS CHILD ADVOCACY CENTER, EXCHANGE CLUB CARL PERKINS CENTER, NATIONAL KIDNEY FOUN DATION, GIFT OF LIFE MID SOUTH, PEOPLE FIRS, CITY OF MEMPHIS IT STEERING, CHILDREN'S HOSPI TAL ASSOCIATION, NEW LEADERS ADVISORY BOARD, IDLEWILD CHILDREN'S CENTER, FIRE MUSEUM OF ME MPHIS, REGIONAL INTERFAITH SOUP KITCHEN, A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY I S COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEE S OF NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE HOSPITAL EXTENDS MEDICAL STAFF P RIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                           | Explanation  |
|---|--|
| Form 990,<br>Part VI,<br>Section A,<br>line 6 | METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS A SUBSIDIARY OF METHODIST LE BONHEUR HEALTHCARE (MLH, 58-1454711), WITH THE PERSONS SERVING ON THE MLH BOARD OF DIRECTORS SERVING AS THE MEMBERS OF MHMH |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation   |
|--|---|
| Form 990,<br>Part VI,<br>Section A,<br>line 7a | THE BOARD OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS COMPRISED OF THE SAME PERSONS AS<br>METHODIST LE BONHEUR HEALTHCARE, THE PARENT ORGANIZATION |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section A,<br>line 7b | <p>THE MEMBERS SHALL, FROM TIME TO TIME, ADOPT AND PROMULGATE SUCH AMENDMENTS AS THEY SHALL DEEM APPROPRIATE TO THE BYLAWS AND TO THE GENERAL POLICIES AND GUIDELINES OF THE ORGANIZATION, ALL OF WHICH SHALL NOT BE INCONSISTENT WITH THE PURPOSES OF METHODIST LE BONHEUR HEALTHCARE UPON REQUEST BY THE BOARD OF DIRECTORS OF THE CORPORATION AND AT SUCH TIMES AS THE MEMBERS MAY SELECT, THE MEMBERS SHALL REVIEW THE AFFAIRS OF THE CORPORATION AND TAKE SUCH ACTION AS THEY MAY DEEM APPROPRIATE IN ACCORDANCE WITH THESE BYLAWS THE "CORPORATE LIMIT" REFERRED TO IN THE FOLLOWING ITEMS SHALL BE THE SUM OF ONE MILLION DOLLARS OR SUCH OTHER SUMS AS MAY FROM TIME TO TIME BE DESIGNATED BY ACTION OF THE MEMBERS, AND FOR THE PURPOSES OF THESE BYLAWS THE WORDS 'THE CORPORATION' SHALL MEAN METHODIST HEALTHCARE-MEMPHIS HOSPITALS THE FOLLOWING ITEMS, AFTER BEING REVIEWED AND ACCEPTED BY THE BOARD OF DIRECTORS, SHALL BE SUBMITTED TO THE MEMBER FOR APPROVAL - IN DECEMBER OF EACH YEAR, A STRATEGIC PLAN AND A ONE YEAR OPERATING BUDGET OF THE CORPORATION'S ENSUING FISCAL YEAR, AND, THEREAFTER, ANY ACTION WHICH WILL RESULT IN A SUBSTANTIAL CHANGE IN THE EXPENDITURES OR REVENUE FORCAST IN ANY SUCH PLAN OR BUDGET, - ANY CREATION OR SUBSTANTIVE AMENDMENT OF A CONTRACT, LEASE OR OTHER AGREEMENT OF WHICH THE CORPORATION IS A PARTY WHICH INVOLVES AN OBLIGATION, OR A POTENTIAL OBLIGATION, ON THE PART OF THE CORPORATION IN EXCESS OF THE CORPORATE LIMIT, UNLESS SUCH TRANSACTION HAS BEEN PREVIOUSLY APPROVED WITHIN THE CAPITAL OR OPERATING BUDGETS, - ANY SALE, EXCHANGE, GIFT, MORTGAGE, OPTION, LEASE WITH A TERM IN EXCESS OF ONE YEAR (EXCEPT TO DOCTORS FOR OFFICE SPACE), OR OTHER DISPOSITION OF ANY REAL PROPERTY OR INTEREST THEREIN OWNED BY THE CORPORATION, OR ANY OTHER ASSET OWNED BY THE CORPORATION WITH A VALUE IN EXCESS OF THE CORPORATE LIMIT, EXCEPT WITH RESPECT TO TRANSACTIONS SPECIFIED AND PREVIOUSLY APPROVED WITHIN THE CAPITAL OR OPERATING BUDGET, - ANY RELEASE OR CANCELLATION BY THE CORPORATION OF A CLAIM OR RIGHT OF ACTION AGAINST ANOTHER PARTY IN AN AMOUNT IN EXCESS OF THE CORPORATE LIMIT, - ANY APPLICATION FOR A GOVERNMENT GRANT, - ANY AMENDMENT OR RESTATEMENT OF THE CORPORATE CHARTER OR ANY PLAN OF MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, - ANY ACTION OR INACTION AT VARIANCE WITH THE STATED POLICIES OF THE CORPORATION WHICH POLICIES HAVE BEEN APPROVED BY THE MEMBERS, - THE SELECTION OF ANY BANKING INSTITUTION AS A DESPOSITORY OF CORPORATE FUNDS, AND - ANY OTHER MATTERS AS MAY BE REQUIRED BY LAW TO BE SUBMITTED TO THE MEMBERS OF A NOT-FOR-PROFIT CORPORATION</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| Form 990, Part VI, Section B, line 11b | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INPUT FROM HUMAN RESOURCES, LEGAL, COMPLIANCE, AND FINANCE DEPARTMENTS AND EXTERNAL FINANCIAL CONSULTANTS FINANCIAL INFORMATION IS RECONCILED TO AUDITED FINANCIAL STATEMENTS AS APPROPRIATE THE INFORMATION TO BE DISCLOSED REGARDING COMPENSATION IS REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MLH AND MANAGEMENT OF THE ORGANIZATION AS APPROPRIATE A COPY OF THE RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS AND DISCUSSED AT A SCHEDULED BOARD MEETING PRIOR TO FILING WITH THE IRS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 12c | METHODIST LE BONHEUR HEALTHCARE, THE PARENT ORGANIZATION, EMPLOYS A COMPLIANCE OFFICER WHO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE OFFICERS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section B,<br>line 15 | <p>COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE BOARD OF DIRECTORS OF METHODIST LE BONHEUR HEALTHCARE, THE SOLE MEMBER ORGANIZATION AN EXTERNAL INDEPENDENT CONSULTANT ADVISES THE BOARD COMPENSATION COMMITTEE ON EXECUTIVE SALARY AND INCENTIVE COMPENSATION BENEFITS ARE PERIODICALLY BENCHMARKED BY A SEPARATE EXTERNAL CONSULTANT AND ANY CHANGES ARE APPROVED BY THE BOARD OF DIRECTORS COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS AND IS A SUBGROUP OF THE FULL BOARD OF DIRECTORS THE COMPENSATION CONSULTANT ANNUALLY DEVELOPS TOTAL CASH COMPENSATION COMPARISONS OF PEER NON-PROFIT SYSTEMS ESTABLISHED BY THE COMPENSATION COMMITTEE THE COMPENSATION CONSULTANT INTERPRETS THE INFORMATION AND PROVIDES AN OPINION OF REASONABLENESS ON THE TOTAL CASH COMPENSATION PACKAGE THE COMPENSATION COMMITTEE APPROVES ANY CHANGES TO THE COMPENSATION AND EXECUTIVE BENEFIT STRUCTURE OF THE CEO AND OTHER TOP EXECUTIVES, OTHERWISE KNOWN AS DISQUALIFIED CANDIDATES ALL OTHER COMPENSATION DECISIONS ARE DETERMINED BY ARRANGEMENT AS DELEGATED BY THE BOARD OF DIRECTORS THE COMMITTEE DOCUMENTS ALL DETERMINATIONS</p> |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section C,<br>line 18 | PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT OUR WEBSITE IN THE "ABOUT US" SECTION |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| Form 990, Part VI, Section C, line 19 | THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN A CONSOLIDATION WITH ITS CORPORATE PARENT, METHODIST LE BONHEUR HEALTHCARE, AND RELATED SUBSIDIARIES. INFORMATION ON FINANCIAL STATEMENTS IS AVAILABLE BY CONTACTING THE ORGANIZATION'S CORPORATE OFFICE. PLEASE SEE FORM 990, PART VI, LINE 20 FOR DETAILS. CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS FOR ALL AFFILIATES OF METHODIST LE BONHEUR HEALTHCARE ARE ALSO AVAILABLE BY REQUEST. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART VII,<br>LINE 1 | BOARD MEMBER COMPENSATION HEATHER SWANSON, MD IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO THIS INDIVIDUAL ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES RENDERED TO THE HOSPITAL SYSTEM |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| Form 990,<br>Part IX, line<br>11g | PURCHASED SERVICES Program service expenses 146,891,469 Management and general expenses 59,067,926 Fundraising expenses 0 Total expenses 205,959,395 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                                |
|---------------------------------|--|
| Form 990,<br>Part XI, line<br>9 | EQUITY TRANSFERS TO AFFILIATES -50,987,847 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation                                     |
|-----------------------------------|---|
| FORM 990,<br>PART XII,<br>LINE 2C | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

|  |  |   |  |                     |  |
|--|--|---|--|---------------------|--|
| efile GRAPHIC print - DO NOT PROCESS   |  | As Filed Data -   |  | DLN: 93493317052037 |  |
| SCHEDULE R<br>(Form 990)<br><br>Department of the Treasury<br>Internal Revenue Service |  | Related Organizations and Unrelated Partnerships<br><br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br><br>▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |  |                     | OMB No 1545-0047                             |
|  |  |   |  |                     | 2016   |
|  |  | Name of the organization<br>METHODIST HEALTHCARE - MEMPHIS HOSPITALS  |  |                     | Employer identification number<br>62-0479367 |
| Open to Public Inspection  |  |   |  |                     |  |

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| See Additional Data Table  |                         |  |                     |                           |                                  |
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |  |                            |   |                                  |  |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table   |                         |  |                            |   |                                  |  |    |
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
|   |                         |   |  |  |                                 |   | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> NORTH SURGERY CENTER LP<br>3960 NEW COVINGTON PIKE<br>MEMPHIS, TN 38128<br>62-1685756                    | SURGERY<br>CENTER       | TN  | N/A                                    | RELATED  | 524,181                         | 1,566,930                                 |   | No |  | Yes                                       |    | 58 670 %                       |
| <b>(2)</b> METHODIST SURGERY CENTER-GERMANTOWN LP<br>1363 S GERMANTOWN ROAD<br>GERMANTOWN, TN 38138<br>62-1659904   | SURGERY<br>CENTER       | TN  | N/A                                    | RELATED  | 1,384,511                       | 2,620,930                                 |   | No |  | Yes                                       |    | 55 000 %                       |
| <b>(3)</b> HAMILTON EYE INSTITUTE SURGERY CENTER LP<br>930 MADISON AVE 3RD FLOOR<br>MEMPHIS, TN 38103<br>20-2873438 | SURGERY<br>CENTER       | TN  | N/A                                    | RELATED  | 137,879                         | 446,907                                   |   | No |  | Yes                                       |    | 35 400 %                       |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity            | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                                    |   |                                     |  |                                 |   |                                | Yes   | No |
| <b>(1)</b> AMBULATORY OPERATIONS INC<br>1211 UNION AVENUE SUITE 600<br>MEMPHIS, TN 38104<br>62-1157166         | MEDICAL AND<br>MANAGEMENT SERVICES | TN  | N/A                                 | C  |                                 |   |                                |   | No |
| <b>(2)</b> SOLUS MANAGEMENT SERVICES INC<br>6400 SHELBY VIEW SUITE 101<br>MEMPHIS, TN 38134<br>62-1361349      | HEALTH SERVICES<br>MANAGEMENT      | TN  | N/A                                 | C  |                                 |   |                                |   | No |
| <b>(3)</b> MEMPHIS PROFESSIONAL BUILDING INC<br>1211 UNION AVENUE SUITE 600<br>MEMPHIS, TN 38104<br>62-1847544 | INVESTMENTS                        | TN  | N/A                                 | C  |                                 |   |                                |   | No |
|  |                                    |   |                                     |  |                                 |   |                                |   |    |
|  |                                    |   |                                     |  |                                 |   |                                |   |    |
|  |                                    |   |                                     |  |                                 |   |                                |   |    |
|  |                                    |   |                                     |  |                                 |   |                                |   |    |



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes           | No |
|--|---------------|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . . | <b>1a</b>     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                 | <b>1b</b> Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                               | <b>1c</b> Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                      | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> Yes |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> Yes |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                      | <b>1j</b> Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                    | <b>1k</b> Yes |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b>     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b>     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                      | <b>1p</b> Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                      | <b>1q</b>     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                   | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                 | <b>1s</b>     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:  
Software Version:  
EIN: 62-0479367  
Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                 | (b)<br>Primary Activity | (c)<br>Legal Domicile<br>(State or Foreign Country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct Controlling Entity |
|---|-------------------------|---|---------------------|---------------------------|----------------------------------|
| (1) LE BONHEUR PATIENT TRANSPORTATION LLC<br>1265 UNION AVENUE<br>MEMPHIS, TN 38104<br>20-3200654   | MEDICAL TRANSPORT       | TN  |                     |                           | N/A                              |
| (1) METHODIST INPATIENT PHYSICIANS LLC<br>1265 UNION AVENUE<br>MEMPHIS, TN 38104<br>47-0892411      | PHYSICIANS              | TN  |                     |                           | N/A                              |
| (2) SPECIALTY PHYSICIAN GROUP LLC<br>1211 UNION AVENUE<br>MEMPHIS, TN 38104<br>27-2097600           | PHYSICIANS              | TN  | 25,861,048          | 3,819,599                 | N/A                              |
| (3) PRIMARY CARE GROUP LLC<br>1265 UNION AVENUE<br>MEMPHIS, TN 38104<br>27-3186375                  | PHYSICIANS              | TN  | 66,068,737          | 11,549,640                | N/A                              |
| (4) FOUNDATION PRIMARY CARE LLC<br>1265 UNION AVENUE<br>MEMPHIS, TN 38104<br>27-4200498             | HEALTHCARE              | TN  |                     |                           | PRIMARY CARE GROUP LLC           |
| (5) UT METHODIST PHYSICIANS LLC<br>1211 UNION AVENUE SUITE 700<br>MEMPHIS, TN 38104<br>45-4853491   | PHYSICIANS              | TN  | 34,404,628          | 6,740,258                 | N/A                              |
| (6) LE BONHEUR PEDIATRICS LLC<br>50 N DUNLAP STREET<br>MEMPHIS, TN 38103<br>46-1556529              | PEDIATRICS              | TN  | 14,161,412          | 2,090,823                 | N/A                              |
| (7) SPG II LLC<br>7655 POPLAR AVENUE<br>GERMANTOWN, TN 38138<br>32-0365415                          | PHYSICIANS              | TN  |                     |                           | N/A                              |
| (8) DIVISION OF CLINICAL NEUROSCIENCES LLC<br>51 N DUNLAP STREET<br>MEMPHIS, TN 38105<br>45-4117901 | PHYSICIANS              | TN  |                     |                           | N/A                              |
| (9) PCG II LLC<br>1533 UNION AVENUE<br>MEMPHIS, TN 38104<br>37-1668387                              | PHYSICIANS              | TN  |                     |                           | N/A                              |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |
|  |                         |  |                            |   |                                  | YesNo   |
| (1)<br><br>1211 UNION AVENUE SUITE 700<br>MEMPHIS, TN 38104<br>58-1454711          | SUPPORTING ORGANIZATION | TN   | 501(c)(3)                  | Line 12b, II  | N/A                              | No  |
| (1)<br><br>214 LAKEVIEW DRIVE<br>SOMERVILLE, TN 38068<br>62-0862334                | INACTIVE HOSPITAL       | TN   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (2)<br><br>225 SOUTH CLAYBROOK<br>MEMPHIS, TN 38104<br>62-1518342                  | HOSPITAL                | TN   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (3)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>58-2078931          | HEALTHCARE              | TN   | 501(c)(3)                  | Line 10   | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (4)<br><br>6400 SHELBY VIEW SUITE 101<br>MEMPHIS, TN 38134<br>62-1403517           | OUTPATIENT HEALTHCARE   | TN   | 501(c)(3)                  | Line 10   | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (5)<br><br>6400 SHELBY VIEW SUITE 101<br>MEMPHIS, TN 38134<br>62-0841121           | HEALTHCARE              | TN   | 501(c)(3)                  | Line 10   | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (6)<br><br>1211 UNION AVENUE SUITE 450<br>MEMPHIS, TN 38104<br>23-7320638          | FOUNDATION              | TN   | 501(c)(3)                  | Line 12a, I   | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (7)<br><br>850 POPLAR AVENUE BLDG 2<br>MEMPHIS, TN 38105<br>62-1872938             | FOUNDATION              | TN   | 501(c)(3)                  | Line 12a, I   | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (8)<br><br>50 PEABODY PLACE<br>MEMPHIS, TN 38103<br>62-1251288                     | FOUNDATION              | TN   | 501(c)(3)                  | Line 7  | LE BONHEUR CHILDREN'S FOUNDATION | No  |
| (9)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>71-0499625          | INACTIVE HOSPITAL       | TN   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (10)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>62-1155084         | INACTIVE HOSPITAL       | TN   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (11)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>64-0884720         | INACTIVE                | MS   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (12)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>64-0794199         | INACTIVE HOSPITAL       | TN   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (13)<br><br>1211 UNION AVENUE SUITE 657<br>MEMPHIS, TN 38104<br>64-0698911         | INACTIVE HOSPITAL       | MS   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (14)<br><br>1080 EASTMORELAND AVE<br>MEMPHIS, TN 38104<br>62-1280261               | AMBULATORY SERVICES     | TN   | 501(c)(3)                  | Line 12b, II  | N/A                              | No  |
| (15)<br><br>1211 UNION AVENUE SUITE 700<br>MEMPHIS, TN 38104<br>64-0889822         | HOSPITAL                | MS   | 501(c)(3)                  | Line 3  | METHODIST LE BONHEUR HEALTHCARE  | No  |
| (16)<br><br>1211 UNION AVENUE SUITE 450<br>memPHIS, TN 38104<br>27-3426141         | pediatric hosPITAL      | TN   | 501(c)(3)                  | Line 3  | N/A                              | No  |